

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K77437**

1. Entity Name

SEAWINDS COMMUNITIES, INC.



Principal Place of Business

378 A1A BEACH BLVD.  
SAINT AUGUSTINE FL 32080  
US

Mailing Address

378 A1A BEACH BLVD.  
SAINT AUGUSTINE FL 32080  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2967015**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUPOLO, STEVEN  
378 A1A BEACH BLVD.  
SAINT AUGUSTINE FL 32080

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent is a minimum corporation when not a natural person)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | TP                       | <input type="checkbox"/> Delete |
| NAME           | STEVEN, CUPOLO           |                                 |
| STREET ADDRESS | 9299 JULY LANE           |                                 |
| CITY-STATE-ZIP | SAINT AUGUSTINE FL 32080 |                                 |
| TITLE          | SVD                      | <input type="checkbox"/> Delete |
| NAME           | SHER, CUPOLO             |                                 |
| STREET ADDRESS | 9299 JULY LANE           |                                 |
| CITY-STATE-ZIP | SAINT AUGUSTINE FL 32080 |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-STATE-ZIP |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-STATE-ZIP |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-STATE-ZIP |                          |                                 |

|                |                           |                                                                   |
|----------------|---------------------------|-------------------------------------------------------------------|
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | UD00010365235             |                                                                   |
| STREET ADDRESS | 04/07/08-80024-017 150.00 |                                                                   |
| CITY-STATE-ZIP |                           |                                                                   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |                                                                   |
| STREET ADDRESS |                           |                                                                   |
| CITY-STATE-ZIP |                           |                                                                   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |                                                                   |
| STREET ADDRESS |                           |                                                                   |
| CITY-STATE-ZIP |                           |                                                                   |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                           |                                                                   |
| STREET ADDRESS |                           |                                                                   |
| CITY-STATE-ZIP |                           |                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN C CUPOLO

03/15/08

(904)

4716718