

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

07-22-2002 90160 029 ****61.25

DOCUMENT # N01000008828

1. Entity Name

EASTWIND VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

6114 S. ATLANTIC AVE.
 NEW SMYRNA BEACH FL

Mailing Address

6114 S. ATLANTIC AVE.
 NEW SMYRNA BEACH FL

40925

2. Principal Place of Business

2300 S. Atlantic Ave

3. Mailing Address

5300 S. Atlantic



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Smyrna, FL

City & State

New Smyrna, FL

4. FEI Number

N/A

Applied For

Not Applicable

Zip

32169

Country

Zip

32169

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARCHIMBAUD, JAMES
 6114 S. ATLANTIC AVE.
 NEW SMYRNA BEACH FL

7. Name and Address of New Registered Agent

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 signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ARCHIMBAUD, JAMES	
STREET ADDRESS	6114 S. ATLANTIC AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARCHIMBAUD, TERRILL J	
STREET ADDRESS	6114 S. ATLANTIC AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, ANNA P	
STREET ADDRESS	6114 S. ATLANTIC AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		James Archimbaud	
STREET ADDRESS		5300 S. ATLANTIC AVE. # 6507	
CITY-ST-ZIP		NEW SMYRNA BEACH, FL 32169	
TITLE		Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Terrill Archimbaud	
STREET ADDRESS		5300 S. ATLANTIC AVE. # 6507	
CITY-ST-ZIP		NEW SMYRNA BEACH, FL 32169	
TITLE	D	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Richard G. Bishop	
STREET ADDRESS		442 BOUCHELLE DR. #	
CITY-ST-ZIP		NEW SMYRNA BEACH	
TITLE		SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		SANDRA O. Bishop	
STREET ADDRESS		942 BOUCHELLE DR. #	
CITY-ST-ZIP		NEW SMYRNA BEACH, FL 32169	
TITLE	D	Assistant Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Julie A. Rousseau	
STREET ADDRESS		1319 Midland Blvd.	
CITY-ST-ZIP		ROYAL OAK, Mich. 48073	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E037 (4/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 empowers.

SIGNATURE: James Archimbaud
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-02 386-451-3521
 Date Daytime Phone #