


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

05-29-2003 90139 044 \*\*\*\*61.25

**DOCUMENT # N0100008828**

1. Entity Name  
**EASTWIND VILLAS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**2300 S ATLANTIC AVE  
NEW SMYRNA BEACH, FL 32169**

Mailing Address  
**5300 S ATLANTIC  
NEW SMYRNA, FL 32169**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**2300 S. Atlantic Ave  
UNIT # 1**

Suite, Apt. #, etc.  
**UNIT # 1**

City & State  
**New Smyrna Bch., FL**

City & State  
**New Smyrna Bch., FL**

Zip  
**32169**

Country



CHECK HERE IF MAKING CHANGES


4. FEI Number  Applied For  Not Applicable

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 **Bishop, Richard G**  
Street Address (P.O. Box Number is Not Acceptable)  
**2300 S. Atlantic Ave. # 1**  
City **New Smyrna Beach FL** Zip Code **32169**

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  DATE **5-25-03**

Signature, typed or printed name of registered agent acceptable. (NOTE: Registered Agent signature required when reinstating)


**FILE NOW: FEES \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARCHIMBAUD, JAMES 5000 S ATLANTIC AVE #8607 NEW SMYRNA BEACH, FL 32169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARCHIMBAUD, TERRILL 5300 S ATLANTIC AVE #8607 NEW SMYRNA BEACH, FL 32169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BISHOP, RICHARD G 442 BOUCHELLE DR # NEW SMYRNA BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BISHOP, RICHARD G <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2300 S. Atlantic Ave #1 New Smyrna Beach, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BISHOP, SANDRA O 942 BOUCHELLE DR # NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BISHOP, SANDRA O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2300 S. Atlantic Ave #1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS ROUSSEAU, JULIE A 1319 MIDLAND BLVD ROYAL OAK, MI 48073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROUSSEAU, JULIE A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1829 Sycamore ROYAL OAK, MI 48073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE:  DATE **5-25-03** **386-428-1387**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CREC037 (10/02)