2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000000262

1. Entity Name
EASTWINDS CONDOMINIUM ASSOCIATION OF JACKSONVILLE BEACH, INC.



FILED May 09, 2007 8:00 am Secretary of State 05-09-2007 90098 010 ****61.25

4010-

Principal Place of Business

1835 N. 3RD STREET

Mailing Address

POST OFFICE BOX 330026

MONOCHELL	.t, FL 3225	0 02	ATLANTIC BEACH,	rL 32233		,				
2. Principal Place of Business No P.O. Box # 3. Meilling Address 753 HHUMIC BWA 8 D Bry 3300 YE]	HI BUIJ ORIJI (BIII I			
Suite, Apt.	#, etc. 5 te 1		Suite, Apt. #, etc				g-NP	CR2E037 (12/06)		
City & Stat	antic	Beach FL	City & State	ity & State Attom tic Reach FL			4. FEI Number Applied For 26-0037900 Not Applicable			
zip32233 CougansA z			Zip 3 m3	ip 32733 Country USA		5. Certificate of Star	tus Desired	S8.75 Ad	ditional	
	6. Name	and Address of Current F	Registered Agent		T	7. Name and Addr	ess of New Reg	gistered Agent		
MARVIN, SONIA M 1835 N 3RD STREET JACKSONVILLE BEACH, FL 32250					Name Marsun + Floyd Realty Inc Street Address (P.O. Box Number is Not Acceptable)					
				antic Beach FL Zip Godo 233						
	named entitions of regist	y submits this statement for tered agent.	the purpose of changing	ng its registe	red office or registe	ered agent, or both, in the	he State of Flori	da. I am familiar with,		
SIGNATURE Marvin + Floyd Rearry To Jones What. 3-26-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campai Trust Fund Contr						\$5.00 May Be Added to Fees		ke check payable to a Department of S		
10.		OFFICERS AND DIR	ECTORS	11		ADDITIONS/CHANGE	S TO OFFICERS	S AND DIRECTORS IN	¥ 10	
TITLE	TD		☐ Delete	TIT	LE			☐ Change	Addition	
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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:	vum Flor	ed Maro	n Floud.	Manager	4-25-07	(904)249-	859
	SIGNATURE AND THED OR PR	TED NAME OF SIGNING OFFI	CER OR DIRECTOR		Date	Daytime Phone s	1