


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 01, 2006 8:00 am**  
**Secretary of State**

09-01-2006 90002 031 \*\*\*\*61.25

<b>DOCUMENT # N04000005361</b>					
<b>1. Entity Name</b> THE SEAWIND CONDOMINIUM ASSOCIATION OF SANIBEL ISLAND, INC.					
<b>Principal Place of Business</b> 820 E GULF DR SANIBEL, FL 33957 US			<b>Mailing Address</b> P. O. BOX 964 SANIBEL, FL 33957 US		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> 14501-113 AERIES WAY Suite, Apt. #, etc. 113			
City & State		City & State FT. MYERS, FL			
Zip	Country	Zip 33912	Country US	<b>4. FEI Number</b> 59-1667736	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CANTY, DEBRA 6062 DINKINS LK RD SANIBEL, FL 33957			<b>7. Name and Address of New Registered Agent</b> Name: Becker & Poliakoff, P.A.; c/o Joseph E. Adams, Esq. Street Address (P.O. Box Number is Not Acceptable) 14241 Metropolis Avenue, # 100 City: Fort Myers FL Zip Code: 33912		
<b>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.</b> SIGNATURE: <u>Joseph E. Adams</u> DATE: <u>8/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> REID, JOHN		<b>TITLE</b> PRESIDENT	<b>NAME</b> TERRY BREDahl	
<b>STREET ADDRESS</b> 215 BRACKENRIDGE AVE.	<b>CITY-ST-ZIP</b> NORFOLK, FL 23505		<b>STREET ADDRESS</b> 716 CARDIUM ST	<b>CITY-ST-ZIP</b> SANIBEL, FL 33957	
<b>TITLE</b> VD	<b>NAME</b> KING, KENNETH		<b>TITLE</b> SECRETARY	<b>NAME</b> FRANK COUNTRYMAN	
<b>STREET ADDRESS</b> 35 MONELL PL.	<b>CITY-ST-ZIP</b> BEACON, NY 12508		<b>STREET ADDRESS</b> 4053 PENNSYLVANIA	<b>CITY-ST-ZIP</b> INDIANAPOLIS, IN 46205	
<b>TITLE</b> STD	<b>NAME</b> BARRINGTON, BERT		<b>TITLE</b> DIRECTOR	<b>NAME</b> KAREN KING	
<b>STREET ADDRESS</b> 50824 CAPRENTERS POINT LANE	<b>CITY-ST-ZIP</b> ELYSIAN, MN 56028		<b>STREET ADDRESS</b> 35 MONELL PLACE	<b>CITY-ST-ZIP</b> BEACON, NY 12508	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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.</b>					
<b>SIGNATURE:</b> <u>Terry Bredahl</u>			<b>SIGNATURE:</b> <u>TERRY BREDahl</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>8/28/2006</u> Daytime Phone #		