
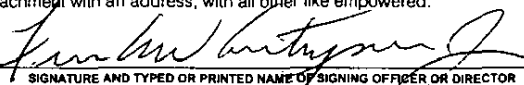


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90037 020 ****61.25

DOCUMENT # N04000005361 1. Entity Name THE SEAWIND CONDOMINIUM ASSOCIATION OF SANIBEL ISLAND, INC.					
Principal Place of Business 820 E GULF DR SANIBEL, FL 33957 US			Mailing Address 14501-113 AERIES WAY 113 FORT MYERS, FL 33912 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1667736	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. JOSEPH E ADAMS, ESQ 14241 METROPOLIS AVE #100 FORT MYERS, FL 33912			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	STD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRINGTON, BERT		NAME		
STREET ADDRESS	50824 CAPRENTERS POINT LANE		STREET ADDRESS		
CITY-ST-ZIP	ELYSIAN, MN 56028		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BREDAHL, TERRY		NAME		
STREET ADDRESS	716 CARDIUM ST		STREET ADDRESS		
CITY-ST-ZIP	SANIBEL, FL 33957		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COUNTRYMAN, FRANK		NAME		
STREET ADDRESS	4053 PENNSYLVANIA		STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS, IN 46205		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, KAREN		NAME	PRESIDENT KAREN KING	
STREET ADDRESS	35 MONEL PLACE		STREET ADDRESS	35 MONEL PLACE	
CITY-ST-ZIP	BEACON, NY 12508		CITY-ST-ZIP	BEACON, NY 12508	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	DIRECTOR BILL GIBNEY	
STREET ADDRESS			STREET ADDRESS	4 POINTE SEWALL RD	
CITY-ST-ZIP			CITY-ST-ZIP	WOLFEBORO, NH 03894	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: 			Date 2/1/07 Daytime Phone # 317-283-3159		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					