2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
08 SEP 19 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000005361

1. Entity Name
THE SEAWIND CONDOMINIUM ASSOCIATION OF SANIBEL ISLAND, INC.

Principal Place of Business	Mailing Address
820 E GULF DR SANIBEL, FL 33957 US	14501-113 AERIES WAY 113 FORT MYERS, FL 33912 US

09042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	820 East Gulf Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 111
City & State	City & State Sanibel FL
Zip / Country	Zip / Country 33957

4. FEI Number
59-1667736
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BECKER & POLIAKOFF, P.A. JOSEPH E ADAMS, ESQ 14241 METROPOLIS AVE #100 FORT MYERS, FL 33912	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

Filing Fee is $61.25
Due by September 12, 2008

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	S COUNTRYMAN, FRANK 4063 PENNSYLVANIA INDIANAPOLIS, IN 46205	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition S Hill, Gretchen 6586 Solar Ct Ft Myers, FL 33919
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KING, KAREN 35 MONEL PLACE BEACON, NY 12508	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500136518025 10/01/08--01019--006 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIBNEY, BILL 4 POINTE SEWALL RD WOLFEBORO, NH 03894	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Hill, Gretchen~~ ~~5586 Solar Ct~~ ~~Ft Myers, FL 33919~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 9/12/08 239 872-1112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #