

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90030 012 ****61.25

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DOCUMENT # N97000003512 1. Entity Name SEAWINDS CONDOMINIUM ASSOCIATION OF ORMOND BEACH, INC.					
Principal Place of Business 1183 OCEANSHORE BLVD 103 ORMOND BEACH, FL 32176				Mailing Address %R L REIMER 507 HERBERT ST, SUITE C PORT ORANGE, FL 32129	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4526 S Clyde Morris			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 2			
City & State		City & State Port Orange FL			
Zip	Country	Zip 32129	Country US	4. FEI Number 59-3411164	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REIMER, R L 507 HERBERT ST, SUITE C PORT ORANGE, FL 32119			7. Name and Address of New Registered Agent Seawinds Condominium Mgmt 4526 S Clyde Morris # 2 Port Orange FL 32129		
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 <u><i>Botheamy & Delella</i></u> 4-29-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	TD MEEHAN, PATRICK 1183 OCEAN SHORE BLVD #202 MIAMI, FL 33176	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Tempesta Karin 1183 Ocean Shore # 303 Ormond Beach FL 32176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERIG, ELIZABETH 1183 OCEAN SHORE BLVD #905 ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Barne Richard 1183 Ocean Shore # 605 Ormond Beach FL 32176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VAN NEST, THOMAS 1183 OCEAN SHORE BLVD #205 ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Moriarty Gene 1183 Ocean Shore # 601 Ormond Beach FL 32176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWTON, LORILEE 1183 OCEAN SHORE BLVD 302 ORMOND BEACH, FL 32176	<input 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	D ISAACS, DENVER 1183 OCEAN SHORE BLVD 604 ORMOND BEACH, FL 32176	<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	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Botheamy & Delella</i></u> 4-29-07 387-767-800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					