

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766899

Entity Name: SEAWINDS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O 1111 SE FEDERAL HWY., #100
STUART, FL 34994**Current Mailing Address:**C/O 1111 SE FEDERAL HWY., #100
STUART, FL 34994 US**FEI Number:** 59-2454522**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORNETT, JANE
BECKER & POLIAKOFF
759 SW FEDERAL HIGHWAY SUITE 213
STUART, FL 34994 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	CASEY, MICHAEL
Address	C/O 1111 SE FEDERAL HWY., #100
City-State-Zip:	STUART FL 34994

Title	VP
Name	SCISCENTE, LAURIE
Address	C/O 1111 SE FEDERAL HWY., #100
City-State-Zip:	STUART FL 34994

Title	TREASURER
Name	GAROFALO, RICHARD
Address	C/O 1111 SE FEDERAL HWY., #100
City-State-Zip:	STUART FL 34994

Title	SECRETARY
Name	LEONARD, KEVIN
Address	C/O 1111 SE FEDERAL HWY., #100
City-State-Zip:	STUART FL 34994

Title	DIRECTOR
Name	LOPEZ, DAVID
Address	C/O 1111 SE FEDERAL HWY., #100
City-State-Zip:	STUART FL 34994

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL CASEY

PRESIDENT

02/21/2024

Electronic Signature of Signing Officer/Director Detail_____
Date