FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732121 (9)

1. Corporation Name

TRADEWINDS EAST CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O INFINITI PROPERTY MANAGEMENT INC. 1301 SEMINOLE BLVD., SUITE 110 LARGO FL 34640-5183 US	C/O INFINITI PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD., SUITE 110 LARGO FL 34640-5183 US

3. Date Incorporated or Qualified: 03/11/1975
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-1763287 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

INFINITI PROPERTY MANAGEMENT INC
1301 SEMINOLE BLVD.
SUITE 110
LARGO 34640-5183

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MCGARRY, MARY L	12 NAME		
STREET ADDRESS	391 MCMULLEN BOOTH RD 8A	13 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	ZOANETTE, VICTOR	22 NAME		
STREET ADDRESS	247 MCMULLEN BOOTH #22C	23 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP		
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	SESTITO, JAMES	32 NAME		
STREET ADDRESS	225 MCMULLEN BOOTH RD.,M #169-D	33 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	CORRIGAN, MICHAEL	42 NAME	NAGY, CHARLES	
STREET ADDRESS	229 MCMULLEN BOOTH 60A	43 STREET ADDRESS	580 DEANVILLE DRIVE	
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP	DAYTON, OH 45429	
TITLE	S	51 TITLE		☐ Change ☐ Addition
NAME	CHAPMAN, JEAN	52 NAME		
STREET ADDRESS	365 MCMULLEN BOOTH RD., #103-D	53 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	DINNEN, RAYMOND	62 NAME	PICANSO, JOSEPH	
STREET ADDRESS	241 MCMULLEN BOOTH RD 35C	63 STREET ADDRESS	383 MCMULLEN BOOTH RD. #67-A	
CITY-ST-ZIP	CLEARWATER FL	64 CITY-ST-ZIP	CLEARWATER, FL 34619	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary L. McGarry Mary L. McGarry 4-3-95 726/1035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0019040