

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **732121** (9)

1. Corporation Name

TRADEWINDS EAST CONDOMINIUM ASSOCIATION, INC.



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
04/27/1995

2. Principal Place of Business

2a. Mailing Address

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26

4. FEI Number

59-1763287

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **MCGARRY, MARY L**
STREET ADDRESS **391 MCMULLEN BOOTH RD 8A**
CITY-ST-ZIP **CLEARWATER FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **ZOANETTE, VICTOR**
STREET ADDRESS **247 MCMULLEN BOOTH #22C**
CITY-ST-ZIP **CLEARWATER FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE
NAME **SESTITO, JAMES**
STREET ADDRESS **225 MCMULLEN BOOTH RD.,M #169-D**
CITY-ST-ZIP **CLEARWATER FL**

3.1 TITLE **T/D** ☐ Change ☒ Addition
3.2 NAME **PERRY, RAYBERN**
3.3 STREET ADDRESS **215 McMullen Booth Rd. #184-D**
3.4 CITY-ST-ZIP **Clearwater, FL 34619**

TITLE **D** ☐ DELETE
NAME **NAGY, CHARLES**
STREET ADDRESS **580 DEANVILLE DRIVE**
CITY-ST-ZIP **DAYTON OH**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **CHAPMAN, JEAN**
STREET ADDRESS **365 MCMULLEN BOOTH RD., #103-D**
CITY-ST-ZIP **CLEARWATER FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **PICANSO, JOSEPH**
STREET ADDRESS **383 MCMULLEN BOOTH RD. #67-A**
CITY-ST-ZIP **CLEARWATER FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D**
6.3 STREET ADDRESS **DURAND, JEAN PAUL**
6.4 CITY-ST-ZIP **223 McMullen Booth Rd. #166-C**
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)(k), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary L. McGarry

Date

9-96

Daytime Phone #

726 1035

CR2E037 (12/95)