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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 33770-8124 US

3. Date Incorporated or Qualified: 03/11/1975
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24: 33770
Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29
Country 30

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

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 33770

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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCGARRY, MARY L		1.2 NAME		
STREET ADDRESS	391 MCMULLEN BOOTH RD 8A		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ZOANETTE, VICTOR		2.2 NAME		
STREET ADDRESS	247 MCMULLEN BOOTH #22C		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	PERRY, RAYBERN		3.2 NAME	FINCHAM, JOAN	
STREET ADDRESS	215 MCMULLEN BOOTH RD. #184-D		3.3 STREET ADDRESS	2400 WINDING CREEK BLVD. #13-104	
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	CLEARWATER, FL 34619	
TITLE	D	☐ DELETE	4.1 TITLE	T/D	☒ Change ☐ Addition
NAME	NAGY, CHARLES		4.2 NAME		
STREET ADDRESS	580 DEANVILLE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTON OH		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CHAPMAN, JEAN		5.2 NAME		
STREET ADDRESS	365 MCMULLEN BOOTH RD., #103-D		5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DURAND, JEAN PAUL		6.2 NAME		
STREET ADDRESS	223 MCMULLEN BOOTH RD. #166-C		6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: _____ (813)726-1085