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NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 732121

1. Corporation Name

TRADEWINDS EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address C/O INFINITI PROPERTY MANAGEMENT INC. C/O INFINITI PROPERTY MANAGEMENT. INC.		
C/O INFINITI PROPERTY MANAGEMENT INC. C/O INFINITI PROPERTY MANAGEMENT, INC. 11111111111111111111111111111111111		
1301 SEMINOLE BLVD SUITE 110 LARGO FL 33770 US 1301 SEMINOLE BLVD SUITE 110 LARGO FL 33770 US		
Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualifed On 1441075		,
26 03/11/1975		
Suite, Apt. #, etc. 4. FEI Number 59-1763287		ot Applicable
		Additional
City & State City & State 5. Certifcate of Status Desired	T	equired
28 28 Country Zip Country 6. Election Campaign Financing		May Be
Tout Suid Contribution		to Fees
24 25 29 30 Trust Fund Contribution 9. Name and Address of Current Registered Agent 10. Name and Address of New Re		
81 Name		
INFINITI PROPERTY MANAGEMENT INC 82 Street Address (P.O. Box Number is Not Acceptable)	ole)	_
1301 SEMINOLE BLVD.		
SUITE 110 83		
LARGO 33770 84 City	85 Zip	Code
	PL 1	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the p 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 agent. 1 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	the appointment as re	egistered
CIONATUDE	_	
SIGNATURE Signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	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 OFFI	ICERS AND DIRECTO	ORS IN 12
Signature. typed or printed name of registared agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFI TITLE PD DELETE 1.1 TITLE		
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 OFFI TITLE PD MCGARRY, MARY L 12. NAME 12. NAME	ICERS AND DIRECTO	ORS IN 12
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaturity) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFI TITLE PD ANNE MCGARRY, MARY L 1.1 TITLE 1.2 NAME STREET ADDRESS 391 MCMULLEN BOOTH RD 8A 1.3 STREET ADDRESS	ICERS AND DIRECTO	ORS IN 12
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaturity) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFI TITLE PD MAKE MCGARRY, MARY L 12. NAME STREET ADDRESS 391 MCMULLEN BOOTH RD 8A 1.3 STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 1.4 CITY-ST-ZIP TITLE TD ADDELETE 2.1 TITLE S/D	ICERS AND DIRECTO	ORS IN 12
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 OFFI TITLE PD DELETE 1.1 TITLE NAME MCGARRY, MARY L STREET ADDRESS 391 MCMULLEN BOOTH RD 8A 1.3 STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 1.4 CITY-ST-ZIP TITLE TD MAME ZOANETTE, VICTOR 22 NAME CHAPMAN, JEAN	CERS AND DIRECTO	ORS IN 12
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFI TITLE PD DELETE 1.1 TITLE 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 TD ADDRESS 247 MCMULLEN BOOTH #22C 2.3 STREET ADDRESS 365 MCMULLEN BOOTH RD 8A TITLE TD ADDRESS 247 MCMULLEN BOOTH #22C 2.3 STREET ADDRESS 365 MCMULLEN BOOTH RD 8A	Change	ORS IN 12
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFI TITLE PD DELETE 1.1 TITLE NAME MCGARRY, MARY L STREET ADDRESS 391 MCMULLEN BOOTH RD 8A CITY-ST-ZIP CLEARWATER FL TO DELETE 2.1 TITLE S/D TITLE TD AMME ZOANETTE, VICTOR 2.2 NAME STREET ADDRESS 247 MCMULLEN BOOTH #22C CITY-ST-ZIP CLEARWATER FL 2.4 CITY-ST-ZIP CLEARWATER FL 2.4 CITY-ST-ZIP CLEARWATER FL 2.5 CITY-ST-ZIP CLEARWATER FL 2.6 CITY-ST-ZIP CLEARWATER FL 2.7 MCMULLEN BOOTH #22C CLEARWATER FL 2.8 STREET ADDRESS 365 MCMULLEN BOOTH RD CLEARWATER FL 2.4 CITY-ST-ZIP CLEARWATER, FL 3.3759	Change	ORS IN 12 Addition
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFI TITLE PD DELETE 1.1 TITLE NAME MCGARRY, MARY L STREET ADDRESS 391 MCMULLEN BOOTH RD 8A CITY-ST-ZIP CLEARWATER FL TITLE TD NAME ZOANETTE, VICTOR STREET ADDRESS 247 MCMULLEN BOOTH #22C CITY-ST-ZIP CLEARWATER FL TITLE SD DELETE 2.1 TITLE S/D CLEARWATER FL 2.3 STREET ADDRESS 365 MCMULLEN BOOTH RD CLEARWATER FL 2.4 CITY-ST-ZIP CLEARWATER, FL 3.3759 DELETE 3.1 TITLE D	Change	ORS IN 12
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12. OFFICERS AND DIRECTORS TITLE PD MCGARRY, MARY L STREET ADDRESS 391 MCMULLEN BOOTH RD 8A CITY-ST-ZIP TITLE TD NAME ZOANETTE, VICTOR STREET ADDRESS 247 MCMULLEN BOOTH #22C CITY-ST-ZIP CIEARWATER FL TITLE SD NAME CORRIGAN, MICHAEL STREET ADDRESS 229 MCMULLEN BOOTH RD #60A 13. ADDITIONS/CHANGES TO OFFI 11. TITLE 12. NAME 12. NAME 12. NAME 13. ADDITIONS/CHANGES TO OFFI 14. CITY-ST-ZIP 14. CITY-ST-ZIP 21. TITLE S/D CHAPMAN, JEAN 23. STREET ADDRESS 36.5 MCMULLEN BOOTH RD 24. CITY-ST-ZIP CLEARWATER FL 31. TITLE D 32. NAME 32. NAME 33. STREET ADDRESS 35. DELETE 31. TITLE D 32. NAME 33. STREET ADDRESS 36. MCMULLEN BOOTH RD 32. NAME 33. STREET ADDRESS 36. MCMULLEN BOOTH RD 32. NAME 33. STREET ADDRESS 36. MCMULLEN BOOTH RD 32. NAME 33. STREET ADDRESS 36. MCMULLEN BOOTH RD 32. NAME 33. STREET ADDRESS 33. STREET ADDRESS 33. STREET ADDRESS 34. STREET ADDRESS 35. STREET ADDRESS 36. MCMULLEN BOOTH RD 37. STREET ADDRESS 38. STREET ADDRESS 39. MCMULLEN BOOTH RD 32. NAME 33. STREET ADDRESS 33. STREET ADDRESS 34. STREET ADDRESS 35. MCMULLEN BOOTH RD 35. STREET ADDRESS 36. MCMULLEN BOOTH RD 37. STREET ADDRESS 38. STREET ADDRESS 39. MCMULLEN BOOTH RD 30. STREET ADDRESS 31. STREET ADDRESS 32. STREET ADDRESS 33. STREET ADDRESS 34. STREET ADDRESS 35. STREET ADDRESS 36. STREET ADDRESS	Change	ORS IN 12 Addition
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFI TITLE PD DELETE 1.1 TITLE MARKE MCGARRY, MARY L STREET ADDRESS 391 MCMULLEN BOOTH RD 8A CITY-ST-ZIP CLEARWATER FL TO MAME ZOANETTE, VICTOR STREET ADDRESS 22 NAME CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIP CLEARWATER FL TO LEARWATER FL TO LEARWATER FL STREET ADDRESS 247 MCMULLEN BOOTH #22C CITY-ST-ZIP CLEARWATER FL TITLE SD DELETE 3.1 TITLE D NAME CORRIGAN, MICHAEL STREET ADDRESS CITY-ST-ZIP CLEARWATER FL STREET ADDRESS CITY-ST-ZIP TITLE D MAME NAGY, CHARLES STREET ADDRESS S80 DEANVILLE DRIVE DAYTON OH LACTY-ST-ZIP LACTY-ST-ZIP ALCTY-ST-ZIP	Change ☐ Change ☐ Change ☐ Change ☐ Change ☐ Change	ORS IN 12 Addition Addition
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SARASOTA FL 34231

SAFETY HARBOR, FL 34695

14. I 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6,3 STREET ADDRESS

CITY-ST-ZIP

D.

CLEARWATER FL 33759

BROWN, GLEN

STREET ADDRESS 5033 LORDS AVENUE

X DELETE

COWLES, GENE 475 MAPLE WAY STREET

Change

Addition