2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90091 041 ****61.25

DOCUMENT # 732121

1. Entity 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 33770 US	C/O INFINITI PROPERTY MANAGEMENT. INC. 1301. SEMINOLE BLVD.. SUITE 110 LARGO FL 33770 US

642959

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1763287 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INFINITI PROPERTY MANAGEMENT INC 1301 SEMINOLE BLVD. SUITE 110 LARGO FL 33770	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCGARRY, MARY L 391 MCMULLEN BOOTH RD 8A CLEARWATER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHAPMAN, JEAN 365 MCMULLEN BOOTH RD #103D CLEARWATER FL 33759	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D CRABB, ROBERT 6160 AVOCET CIRCLE HOBART, IN 46342	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORRIGAN, MICHAEL 229 MCMULLEN BOOTH RD #60A CLEARWATER FL 33759	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D HOLDSWORTH, GARY 419 ADAMS ST. VERSAILLES, IN 47042	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PICANSO, ROSEMARY 383 MCMULLEN BOOTH RD #67A CLEARWATER FL 33759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COWLES, GENE 475 MAPLE WAY ST SAFETY HARBOR FL 34695	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZOANETTE, VICTOR 247 MCMULLEN BOOTH RD., #22 CLEARWATER, FL 33759	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BECKER, ROBERT 385 MCMULLEN BOOTH RD #62 CLEARWATER FL 33759	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIX, BETTY 233 MCMULLEN BOOTH RD., #41 CLEARWATER, FL 33759	☐ Change ☒ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary McGarry 4-17-2001 (727)726-1035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Mary McGarry — Date — Daytime Phone #