FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 02, 2002 8:00 am Secretary of State DOCUMENT # 732121 1. Entity Name -2002 90887 025 \*\*\*\*61 25 TRADEWINDS EAST CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address C/O INFINITI PROPERTY MANAGEMENT INC. C/O INFINITI PROPERTY MANAGEMENT, INC. 1301 SEMINOLE BLVD., SUITE 110 1301 SEMINOLE BLVD., SUITE 110 LARGO FL:33770 LARGO FL 33770 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For *"*∘59∸1763287 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) INFINITI PROPERTY MANAGEMENT INC 1301 SEMINOLE BLVD. SUITE 110 Zip Code City & LARGO FL 33770 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) 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change (9/01) ☐ Delete ☐ Addition TITLE TITLE V/D NAME MCGARRY, MARY L NAME STREET ADDRESS STREET ADDRESS CR2E037 391 MCMULLEN BOOTH RD 8A CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Change ☐ Delete TITLE ☐ Addition TITLE TD NAME NAME CRABB, ROBERT STREET ADDRESS STREET ADDRESS 6160 AVOCET CIRCLE CITY-ST-ZIP CITY-ST-ZIP HOBART IN 46342 SD - - - - - - - - - -TITLE ☐ Addition TITLE - Delete - .. NAME HOLDSWORTH, GARY NAME STREET ADDRESS STREET ADDRESS 419 ADAMS ST CITY-ST-ZIP CITY-ST-ZIP VERSAILLES\_IN 47042 VD ☐ Delete TITLE **X** Change ☐ Addition TITLE P/D NAME PICANSO, ROSEMARY NAME STREET ADDRESS STREET ADDRESS 383 MCMULLEN BOOTH RD #67A CITY-ST-7IP CITY-ST-7IP **CLEARWATER FL 33759 Delete** TITLE TITLE ☐ Change ☐ Addition NAME NAME ZOANETTE, VICTOR STREET ADDRESS 247 MCMULLEN BOOTH RD #22 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33759** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME RIX, BETTY STREET ADDRESS STREET ADDRESS 233 MCMULLEN BOOTH RD #41 CITY-ST-7IP CITY-ST-7IP CLEARWATER FL 33759 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.

Mary L. McGarry