# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:25
REMITTED BY MAY 1.

DOCUMENT # **N12437** **(2)**

1. Corporation Name

**TRADEWINDS CONDOMINIUM OWNERS' ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3975 HWY. 98 EAST<br>DESTIN FL 32541 | 3975 HWY. 98 EAST<br>DESTIN FL 32541 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1985
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-0788761 ☐ Applied For ☐ Not Applicable

| | |
|---|---|
| 2. Principal Place of Business<br>21 2250 Old Hwy. 98 | 2a. Mailing Address<br>26 2250 Old Hwy. 98 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Destin, FL | City & State<br>28 Destin, FL |
| Zip / County<br>24 32541 / 25 | Zip / County<br>29 32541 / 30 |

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This Corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| FREDERICK, MARK EVAN<br>3975 HWY 98 EAST<br>DESTIN FL 32541 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12. | | |
|---|---|---|---|---|
| TITLE | S | 11 TITLE | D | ☒ Change ☐ Addition |
| NAME | HOLLINGSWORTH, HENRY | 12 NAME | | |
| STREET ADDRESS | 106 ARCADIA DRIVE | 13 STREET ADDRESS | | |
| CITY ST ZIP | TUSCALOOSA AL | 14 CITY ST ZIP | | |
| TITLE | D | 21 TITLE | P | ☒ Change ☐ Addition |
| NAME | WOOD, ERNEST | 22 NAME | | |
| STREET ADDRESS | 252 WATERFORD DRIVE | 23 STREET ADDRESS | | |
| CITY ST ZIP | BONAIRE GA | 24 CITY ST ZIP | | |
| TITLE | D | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | MOORE, RAYBURN | 32 NAME | | |
| STREET ADDRESS | 819 JENNIFER DRIVE | 33 STREET ADDRESS | | |
| CITY ST ZIP | TUSCALOOSA AL | 34 CITY ST ZIP | | |
| TITLE | TP | 41 TITLE | T | ☒ Change ☐ Addition |
| NAME | EILAND, JOYCE | 42 NAME | | |
| STREET ADDRESS | 1300 BEACON PARKWAY EAST, #402 | 43 STREET ADDRESS | | |
| CITY ST ZIP | BIRMINGHAM AL | 44 CITY ST ZIP | | |
| TITLE | DP | 51 TITLE | V | ☒ Change ☐ Addition |
| NAME | SCHLARB, RAYMOND | 52 NAME | Chris Harrington | |
| STREET ADDRESS | 410 MEADOWRIDGE DRIVE | 53 STREET ADDRESS | 516 Fifth Terrace | |
| CITY ST ZIP | WARNER ROBINS GA | 54 CITY ST ZIP | Robins AFB, GA 31098 | |
| TITLE | D | 61 TITLE | S | ☒ Change ☐ Addition |
| NAME | SPINKS, JAMES | 62 NAME | | |
| STREET ADDRESS | 1412 RUSSELL PARKWAY | 63 STREET ADDRESS | | |
| CITY ST ZIP | WARNER ROBBINS GA | 64 CITY ST ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 1 or Block 11 if changed or added to the report with an address.

**SIGNATURE:** Joyce J. Eiland (Joyce Eiland) DATE: 4, 1995 TELEPHONE NUMBER: 822-5559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0021410