

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90090 046 \*\*\*\*61.25

**DOCUMENT # N12437**

1. Entity Name

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

Principal Place of Business

Mailing Address

2250 OLD HWY. 98  
 DESTIN FL 32541  
 US

2250 OLD HWY. 98  
 DESTIN FL 32541  
 US

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

**59-0788761**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SPINKS, JAMES H**  
**2250 OLD HWY 98**  
**#22**  
**DESTIN FL 32541**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
*SAME*  
 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	<b>D</b> <b>HOLLINGSWORTH, HENRY</b> <b>106 ARCADIA DRIVE</b> <b>TUSCALOOSA AL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DAVIS, MIKE</b> <b>110 LAKEWOOD DR</b> <b>PERRY GA 31069</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LASHLEY, REBECCA</b> <b>107 PLANTATION COURT</b> <b>WARNER ROBINS GA 31088</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>mem. At Large</b> <b>EILAND, JOYCE S</b> <b>1300 BEACON PARKWAY E</b> <b>BIRMINGHAM AL 35209</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PAUL WAPOLD</b> <b>GILILAND, RICHARD</b> <b>2730 SHELTER COVE</b> <b>DULUTH GA 30096</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WOOD, ERNEST</b> <b>252 WATERFORD DR</b> <b>BONAIRE GA 31005</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LABASAREN</b> <b>GARY LASHLEY</b> <b>107 PLANTATION CT.</b> <b>WARNER ROBINS GA 31088</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>MIKE OAVIS</b> <b>110 LAKEWOOD DR.</b> <b>PERRY GA 31069</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>Phillip Atkinson</b> <b>3103 Mockingbird Lane</b> <b>DOTHAN AL 36303</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Jimmy Spinks</b> <b>2250 Old Hwy 98 #22</b> <b>Destin FL 32550</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DICK Gililand (member)</b> <b>P.O. BOX 6340</b> <b>DESTIN FL 32550</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>member AT Large</b> <b>Michael Deary</b> <b>Tradewinds Unit 31</b> <b>Destin FL 32550</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 filers empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-23-02 105-41185*

CR2E037 (9/01)