

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

02-27-2004 90015 009 ****61.25

DOCUMENT # N12437
 1. Entity Name
TRADEWINDS CONDOMINIUM OWNERS' ASSOCIATION, INC.



Principal Place of Business: **2250 SCENIC GULF DR DESTIN FL 32550 US**
 Mailing Address: **2250 SCENIC GULF DR DESTIN FL 32550 US**

66412434



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: Zip Country
 City & State: Zip Country

4. FEI Number: **59-0788761** Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~SPINKS, JAMES H~~
~~2250 SCENIC GULF DR~~
~~DESTIN FL 32550~~

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when remaining) DATE: _____

FILE NOW. FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|---|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V YEP, CALVIN 4026 LYNDHURST PLACE SUGARLAND TX 77479-3200 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HOLLINGSWORTH, SUE 106 ARCADIA DRIVE TUSCALOOSA AL 35404 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ATKINSON, PHILLIP 3103 MOCKINGBIRD LANE DOTHAN AL 36303 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T EILAND, JOYCE S 1300 BEACON PARKWAY E BIRMINGHAM AL 35209 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M WOOD, TERRY 409 WEXFORD CIRCLE BONAIR GA 31005 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M SPINKS, JIMMY P.O. BOX 7989 WARNER ROBINS GA 31088 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input 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 like empowered.

SIGNATURE: Philip T. Atkinson Date: 4/2/03 Daytime Phone #: 793-8113
 334-796