


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90478 031 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03072005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-0788761	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			<input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPINKS, JAMES H 2250 SCENIC GULF DR DESTIN, FL 32550			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEP, CALVIN		NAME	YEP, CALVIN	
STREET ADDRESS	4026 LYNDBURST PLACE		STREET ADDRESS	4026 LYNDBURST PLACE	
CITY-ST-ZIP	SUGARLAND, TX 774793200		CITY-ST-ZIP	SUGARLAND, TX 77479	
TITLE	S	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLINGSWORTH, SUE		NAME	HOLLINGSWORTH, SUE	
STREET ADDRESS	106 ARCADIA DRIVE		STREET ADDRESS	106 ARCADIA DR	
CITY-ST-ZIP	TUSCALOOSA, AL 35404		CITY-ST-ZIP	TUSCALOOSA, AL 35404	
TITLE	P	<input type="checkbox"/> Delete	TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATKINSON, PHILLIP		NAME	ATKINSON, PHILIP	
STREET ADDRESS	3103 MOCKINGBIRD LANE		STREET ADDRESS	3103 MOCKINGBIRD LANE	
CITY-ST-ZIP	DOTHAN, AL 36303		CITY-ST-ZIP	DOTHAN, AL 36303	
TITLE	T	<input type="checkbox"/> Delete	TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EILAND, JOYCE S		NAME	EILAND, JOYCE S	
STREET ADDRESS	1300 BEACON PARKWAY E		STREET ADDRESS	7932 Plum Orchard way	
CITY-ST-ZIP	BIRMINGHAM, AL 35209		CITY-ST-ZIP	MONTGOMERY, AL 36117	
TITLE	M	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, TERRY		NAME	John Langford	
STREET ADDRESS	409 WEXFORD CIRCLE		STREET ADDRESS	227 Hwy 41 circle	
CITY-ST-ZIP	BONAIR, GA 31005		CITY-ST-ZIP	Perry, Ga. 31069	
TITLE	M	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPINKS, JIMMY		NAME	Lashley, Gary	
STREET ADDRESS	P.O. BOX 7989		STREET ADDRESS	1112 A Russell Parkway	
CITY-ST-ZIP	WARNER ROBINS, GA 31088		CITY-ST-ZIP	WARNER ROBINS, GA 31088	
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: <i>Sue Hollingsworth</i>			SIGNATURE: <i>Sue Hollingsworth</i> Date: <i>April 28, 2005</i> Daytime Phone #: <i>533-0833</i>		

850-837-5559

Document # N12437 ATTACHMENT
Tradewinds Condominium Owners Association

Page 2
April 28, 2005

Block 11

Additions / Changes

40073320

X Addition

3

Wood, Cathie

106 Delchamp Dr.

Warner Robins, Ga 31093