

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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

12062006 REIN-NP

CR2E099 (11/05)

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

Sue Hollingsworth

Street Address (P.O. Box Number is Not Acceptable)

2250 Scenic Gulf Drive

City

Destin

FL

Zip Code

32550

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 Sue Hollingsworth/Chief Financial Officer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

800092944179

01/03/07 01007-006

\*\*\$1.25

Dec 30, 2006

FILE NOW!!! FEE IS \$236.25

After January 1, 2007, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	YEP, CALVIN	
STREET ADDRESS	4026 LYNTHURST PLACE	
CITY - ST - ZIP	SUGARLAND, TX 774793200	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOLLINGSWORTH, SUE	
STREET ADDRESS	106 ARCADIA DRIVE	
CITY - ST - ZIP	TUSCALOOSA, AL 35404	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	ATKINSON, PHILLIP	
STREET ADDRESS	3103 MOCKINGBIRD LANE	
CITY - ST - ZIP	DOTHAN, AL 36303	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	EILAND, JOYCE S	
STREET ADDRESS	1300 BEACON PARKWAY E	
CITY - ST - ZIP	BIRMINGHAM, AL 35209	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	LANGFORD, JOHN	
STREET ADDRESS	227 HWY 41 CIRCLE	
CITY - ST - ZIP	PERRY, GA 31069	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	LASHLEY, GARY	
STREET ADDRESS	1112 A RUSSELL PARKWAY	
CITY - ST - ZIP	WARNER ROBINS, GA 31088	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	v	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Cussen	
STREET ADDRESS	7675 DeMar Road	
CITY - ST - ZIP	Cincinnati, OH 45243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Thresher	
STREET ADDRESS	15867 Montview Drive	
CITY - ST - ZIP	Montclair, VA 22026	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wendy DeMaray	
STREET ADDRESS	102 Los Angeles St	
CITY - ST - ZIP	Destin, FL 32550	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Nixon	
STREET ADDRESS	P.O. Box 6608	
CITY - ST - ZIP	Warner Robins, GA 31095	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger Martin	
STREET ADDRESS	1115 Jeff Davis Drive	
CITY - ST - ZIP	Tyler, Texas 76703	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT-06

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Sue Hollingsworth/Treas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/06

Date

850-837-5559

Daytime Phone #

*This was sent to wrong address*

~~TRADEWINDS COMMUNITIES, INC.~~

~~3250 SCENIC GULF DRIVE~~

~~DESTIN FLORIDA 32539~~

~~October 12, 2006~~

~~TO: Florida Dept of state  
DW of Corporation  
P.O. Box 6237  
Tallahassee, FL 32314~~

RE: Annual Corporation Report  
Document # N12437

We received a notice of Dissolution or Revocation.  
We have not received any notices this year regarding an  
Annual Corporation Report.

We would like you to waiver our reinstatement fee.  
Enclosed you will find a check for \$61.25 for the  
Annual Corporation fee.

Sincerely,

*Sue Hollingsworth*  
Sue Hollingsworth