


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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
---	---

DO NOT WRITE IN THIS SPACE



04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0788761	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLINGSWORTH, SUE
 2250 SCENIC GULF DR
 DESTIN, FL 32550

DO NOT WRITE IN THIS SPACE

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 Hollingsworth, Sue, Treasurer Sue Hollingsworth April 27, 2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YEP, CALVIN 4026 LYNDBURST PLACE SUGARLAND, TX 774793200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLLINGSWORTH, SUE 106 ARCADIA DRIVE TUSCALOOSA, AL 35404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CUSSEN, PETER 7675 DEMAR ROAD CINCINNATI, OH 45243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THRESHER, RICHARD 15867 MONTVIEW DRIVE MONTCLAIRE, VA 22026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMARAY, WENDY 102 LOS ANGELES ST DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIXON, JOHN P.O. BOX 6608 WARNER ROBINS, GA 31095

DO NOT WRITE IN THIS SPACE

U00000746893
 05/17/07-80004-027 70.00

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 Sue Hollingsworth (T) 4/27/07 850.837-5559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #