


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90049 028 ****61.25

DOCUMENT # 751441 1. Entity Name TRADEWINDS BY THE SEA, INC.					
Principal Place of Business 2029 NORTH OCEAN BLVD. FORT LAUDERDALE, FL 33305			Mailing Address 1750 UNIVERSITY DR. 205 POMPANO BEACH, FL 33071		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40001000	
City & State		City & State		01072007 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number 59-2003419	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SIFT MGMT. SOULTIONS 1750 UNIVERSITY DR. #205 POMPANO BEACH, FL 33071			7. Name and Address of New Registered Agent 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, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D COSTA, LUIS 2029 NORTH OCEAN BLVD #204 FORT LAUDERDALE, FL 33305	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dwight Taylor 2029 N. OCEAN BLVD # 203 Ft. LAUDERDALE, FL 33305	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCELMEED, PATRICK 2029 N. OCEAN BLVD, 306 FORT LAUDERDALE, FL 33305	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P James Gulluscio 2029 N. OCEAN BLVD # 409 FT. LAUDERDALE, FL 33305	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRICE, ANGELA 2029 N. OCEAN BLVD #308 FORT LAUDERDALE, FL 33305	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sect. Katherine Willoughby 2029 N. OCEAN, BLVD #3407 Ft. LAUDERDALE, FL 33305	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRICE, DALLAS 2029 N. OCEAN BLVD #308 FORT LAUDERDALE, FL 33305	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRCA. Steven Palasay 2029 N. OCEAN BLVD # 205 Ft. LAUDERDALE, FL 33305	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EABAY, WOLLY 2029 N. OCEAN BLVD #108 FORT LAUDERDALE, FL 33305	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Brund Dir 2029 N. OCEAN BLVD # 109 Ft. LAUDERDALE, FL 33305	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Kathleen Jenkins</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			01/26/07 954-341-6340 Date Daytime Phone #		