2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 23, 2008 08:00 AN Secretary of State **DOCUMENT # 725857** TRADE WINDS WEST CONDOMINIUM INC Principal Place of Business Mailing Address 5301 OCEAN TERRANCE P.O. BOX 500006 MARATHON FL 33050 MARATHON FL 33050 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5301 OCEAN TERRACE Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-1611498 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUGAN, EILEEN Street Address (P.O. Box Number is Not Acceptable) 5301 OCEAN TERRACE #8 MARATHON FL 33050 City 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or proted come of registered agent and title it applicable (NOTE: Registered Agent signature recurred when reinstating) DATE FILE NOW: FEE IS \$61.25 \$5.00 May Be 9. Election Campaign Financing ... Make Check Payable to Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TSD ☐ Delete TITLE Change Addition U00000917821 05/13/08-80057-008 61.25 LARSON, DOLORES NAME NAME 5301 OCEAN TERRACE #15 STREET ADDRESS STREET ADDRESS MARATHON FL 33050 CITY - ST- ZIP CITY - ST - ZiP TITLE ☐ Delete TITLE Change ☐ Addition GRADY, MELISSA NAME NAME P.O. BOX 510669 STREET ADDRESS STREET ADDRESS KEY COLONY BEACH FL 33051 CITY- ST-ZIP CITY-ST-ZIP TiTLE ☐ Delete TITLE ☐ Change neitibbA 🔲 DUGAN, RICHARD JR. MAME NAME 5301 OCEAN TERRACE #8 STREET ADDRESS STREET ADDRESS MARATHON FL 33050 CITY: ST-7IP CITY-ST-ZiP TOTLE ☐ Delete TITLE moitibbs 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change no:tibbA [] NAME STRUET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P ☐ Delete TITLL ☐ Change ☐ Addition NAME NAME STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

a land Trains

4-21-08

305-289-5602