FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **726310** **(6)**

1. Corporation Name

TRADE WINDS OF POMPANO ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1009 N OCEAN BOULEVARD POMPANO BEACH FL 33062 US	1009 N OCEAN BOULEVARD POMPANO BEACH FL 33062

3. Date Incorporated or Qualified: **05/02/1973**
3a. Date of Last Report: **04/10/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-1562865** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~FISHKIN, DR. (SECRETARY)~~
~~1009 N. OCEAN BLVD.~~
~~POMPANO BEACH FL 33062~~

10. Name and Address of New Registered Agent

81 Name: DAVID MACENKA (SECRETARY)
82 Street Address (P.O. Box Number is Not Acceptable): 1009 NO. OCEAN BLVD.
83:
84 City: POMPANO BEACH, FL 85 Zip Code: 33062

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: David J. Macenka — DAVID MACENKA (SECRETARY) — 4/4/96
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	KINNEY, ROBERT W		1.2 NAME	DAVID MACENKA	
STREET ADDRESS	1009 N OCEAN BLVD.		1.3 STREET ADDRESS	1009 NO OCEAN BLVD	
CITY-ST-ZIP	POMPANO BCH FL 33062		1.4 CITY-ST-ZIP	POMPANO BEACH, FLA 33062	
TITLE	VP	☐ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	MARDELL, OSCAR		2.2 NAME	IAN MACLEAN	
STREET ADDRESS	1009 NO. OCEAN BLVD		2.3 STREET ADDRESS	1009 NO OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33062		2.4 CITY-ST-ZIP	POMPANO BEACH, FLA. 33062	
TITLE	S	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FISHKIN, SEYMOUR		3.2 NAME		
STREET ADDRESS	1009 N. OCEAN BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HAHNER, WILLIAM		4.2 NAME		
STREET ADDRESS	1009 NO. OCEAN BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL ~~00000~~ 33062		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARILYN MCCULLA		5.2 NAME		
STREET ADDRESS	1009 N. OCEAN BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GAUGHRAN, MINNIE		6.2 NAME		
STREET ADDRESS	1009 NO. OCEAN BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert W. Kinney — ROBERT W. KINNEY — 4/3/96 — 954-942-0857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #