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03-29-1999 90082 010 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726310

1. Corporation Name

TRADE WINDS OF POMPANO ASSOCIATION, INC.

Principal Place of Business

1009 N OCEAN BOULEVARD
POMPANO BEACH FL 33062
US

Mailing Address

1009 N OCEAN BOULEVARD
POMPANO BEACH FL 33062



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/02/1973

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

9. Name and Address of Current Registered Agent

DAVID MACENKA
1009 N. OCEAN BLVD
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name Dr. Seymour Fishkin

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

83 1009 No. Ocean Blvd.

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

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

Dr. Seymour Fishkin, President 3-19-99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	KINNEY, ROBERT W	
STREET ADDRESS	1009 N OCEAN BLVD.	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	VP	☒ DELETE
NAME	MARDELL, OSCAR	
STREET ADDRESS	1009 NO. OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	☒ DELETE
NAME	IAN MACLEAN	
STREET ADDRESS	1009 N OCEAN BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	T	☐ DELETE
NAME	HAHNER, WILLIAM	
STREET ADDRESS	1009 NO. OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH, FL 00000	
TITLE	D	☒ DELETE
NAME	MARILYN MCCULLA	
STREET ADDRESS	1009 N. OCEAN BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	☐ DELETE
NAME	GAUGHRAN, MINNIE	
STREET ADDRESS	1009 NO. OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Fishkin, Dr. Seymour	
1.3 STREET ADDRESS	1009 N. Ocean Blvd	
1.4 CITY-ST-ZIP	Pompano Bch, FL	
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME	Massarotti, John	
2.3 STREET ADDRESS	1009 N. Ocean Blvd.	
2.4 CITY-ST-ZIP	Pompano Bch, FL	
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME	Tarakan, Isidore	
3.3 STREET ADDRESS	1009 N. Ocean Blvd.	
3.4 CITY-ST-ZIP	Pompano Bch, FL	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	Slosberg, Adam	
5.3 STREET ADDRESS	1009 N. Ocean Blvd.	
5.4 CITY-ST-ZIP	Pompano Bch, FL	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. Seymour Fishkin 3-19-99

Date

Daytime Phone #

CR2E037 (11/98)