2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#726310

FILED Mar 01, 2005 Secretary of State

Entity Name: TRADE WINDS OF POMPANO ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1009 N OCEAN BOULEVARD POMPANO BEACH, FL 33062 US **Current Mailing Address: New Mailing Address:** 1009 N OCEAN BOULEVARD POMPANO BEACH, FL 33062 FEI Number: 59-1562865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FISHKIN, SEYMOUR DR. 1009 N. OCEAN BLVD POMPANO BEACH, FL 33062 US 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. SIGNATURE: DR SEYMOUR FISHKIN Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FISHKIN, SEYMOUR DR. Name: Name: 1009 N OCEAN BLVD. Address: Address: City-St-Zip: POMPANO BCH. FL City-St-Zip: Title: () Delete Title: (X) Change () Addition MASSAROTTI, JOHN Name: GAUGHRAN, MINNIE Name: Address: 1009 NO. OCEAN BLVD Address: 1009 NO. OCEAN BLVD City-St-Zip: POMPANO BEACH, FL City-St-Zip: POMPANO BEACH, FL Title: () Delete Title: () Change () Addition TARAKAN, DIANA Name: Name: 1009 N OCEAN BLVD Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: HAHNER, WILLIAM Name: THURSTON, RICHARD 1009 N OCEAN BLVD 1009 N OCEAN BLVD Address: Address: POMPANO BEACH, FL City-St-Zip: City-St-Zip: POMPANO BEACH, FL Title: () Delete Title: (X) Change () Addition PIGNOTTI, ANTHONY COLLINS, JENNIFER Name: Name: 1009 N. OCEAN BLVD. 1009 N. OCEAN BLVD. Address: Address: City-St-Zip: POMPANO BEACH, FL City-St-Zip: POMPANO BEACH, FL Title: () Delete Title: (X) Change () Addition CRACCHIOLA, JOSEPH LAIRD, THERESA Name: Name: Address: 1009 NO. OCEAN BLVD Address: 1009 NO. OCEAN BLVD POMPANO BEACH, FL POMPANO BEACH, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR SEYMOUR FISHKIN P 03/01/2005