FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

Amended

PROFIT CORPORATION ANNUAL REPORT

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

FILED
05 MAY 18 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14016529

DOCUMENT # 726310

1. Corporation Name

Trade Winds of Pompano Association, Inc.

Principal Place of Business	Mailing Address
1009 N,Ocean Boulevard Pompano Beach, FL 33062 USA	1009 N.Ocean Blvd. Pompano Beach, FL 33062

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1562865	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent

John Nuttall
1009 N. Ocean Blvd.
Pompano Beach, FL 33062

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE P Nuttall, John 1009 N. Ocean Blvd. Pompano Beach, FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition D Brenda Blanski 1009 N.Ocean Blvd. Pompano Beach, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE VP Minnie Gaughran 1009 N.Ocean Blvd. Pompano Beach, FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition D Anthony Pignotti 1009 N. Ocean Blvd. Pompano Beach, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE S Jennifer Collins 1009 N.Ocean Blvd. Pompano Beach, FL	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition P Dr.Seymour Fishkin 1009 N. Ocean Blvd. Pompano Beach, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE T Richard Thurston 1009 N. Ocean Blvd. Pompano Beach,FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition T Theresa Laird 1009 N. Ocean Blvd. Pompano Beach, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE D Joe Cracchiola 1009 N. Ocean Blvd. Pompano Beach, FL	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☒ Change ☐ Addition 200055376572 05/26/05--01058--003 **61.25

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 607, 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: Ron Thurston Treasurer Apr 28, 2005 954-781-3596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — date — Daytime Phone #
R.M. THURSTON

CR2E034 (11/98)

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