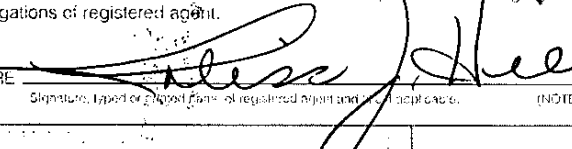


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

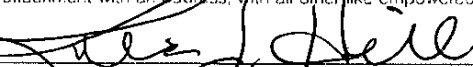
**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90114 033 \*\*\*\*61.25

|                                                                                                                                                                                                                               |                                                                         |                                                                                     |                                                                                    |                                                                                                                                                                                                                        |                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 726310</b><br>1. Entity Name<br><b>TRADE WINDS OF POMPANO ASSOCIATION, INC.</b>                                                                                                                                 |                                                                         |                                                                                     |                                                                                    |                                                                                                                                       |                                                                              |
| Principal Place of Business<br><b>1009 N OCEAN BOULEVARD<br/>POMPANO BEACH FL 33062<br/>US</b>                                                                                                                                |                                                                         |                                                                                     | Mailing Address<br><b>1009 N OCEAN BOULEVARD<br/>POMPANO BEACH FL 33062<br/>US</b> |                                                                                                                                                                                                                        |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                     |                                                                         | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |                                                                                    |                                                                                                                                                                                                                        |                                                                              |
| City & State<br><br>Zip                                                                                                                                                                                                       |                                                                         | City & State<br><br>Zip                                                             |                                                                                    | 4. FEI Number<br><b>59-1562865</b>                                                                                                                                                                                     |                                                                              |
| Country                                                                                                                                                                                                                       |                                                                         | Country                                                                             |                                                                                    | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                        |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>FISHKIN, SEYMOUR<br/>1009 N. OCEAN BLVD<br/>POMPANO BEACH FL 33062</b>                                                                                              |                                                                         |                                                                                     |                                                                                    | 7. Name and Address of New Registered Agent<br>Name <b>Arless Hill</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1009 N. Ocean Blvd</b><br><b>Pompano Beach, FL 33062</b><br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent. |                                                                         |                                                                                     |                                                                                    |                                                                                                                                                                                                                        |                                                                              |
| SIGNATURE                                                                                                                                  |                                                                         |                                                                                     |                                                                                    |                                                                                                                                                                                                                        |                                                                              |
| (NOTE: Registered Agent signature must be with filing)                                                                                                                                                                        |                                                                         |                                                                                     |                                                                                    |                                                                                                                                                                                                                        |                                                                              |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2008</b>                                                                                                                                                                  |                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                    | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                     |                                                                              |
| <b>Make Check Payable to: Florida Department of State</b>                                                                                                                                                                     |                                                                         |                                                                                     |                                                                                    |                                                                                                                                                                                                                        |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                                                         |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                              |                                                                                                                                                                                                                        |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | T<br>RICE, JOSEPH<br>1009 N OCEAN BLVD.<br>POMPANO BCH FL 33062         | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | Collins, Jennifer<br>1009 N. Ocean Blvd<br>Pompano Beach, FL                                                                                                                                                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | VP<br>WINSTON, ROBERT<br>1009 NO. OCEAN BLVD<br>POMPANO BEACH FL 33062  | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | VP<br>Gaughan, Minnie<br>1009 N. Ocean Blvd<br>Pompano Beach, FL                                                                                                                                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | D<br>CAUGHLIN, MINNIE<br>1009 N OCEAN BLVD<br>POMPANO BEACH FL 33062    | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | D<br>Tarakan, Diana<br>1009 N. Ocean Blvd<br>Pompano Beach, FL                                                                                                                                                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | T<br>FISHKIN, SEYMOUR<br>1009 N OCEAN BLVD<br>POMPANO BEACH FL 33062    | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | P<br>Hill, Arless<br>1009 N. Ocean Blvd.<br>Pompano Beach, FL                                                                                                                                                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | P<br>SEYMOUR, FRANKLIN<br>1009 N. OCEAN BLVD.<br>POMPANO BEACH FL 33062 | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | S<br>Hearn, Joan<br>1009 N. Ocean Blvd.<br>Pompano Beach, FL                                                                                                                                                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | D<br>TARAKAN, DIANA<br>1009 NO. OCEAN BLVD<br>POMPANO BEACH FL 33062    | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | D<br>Vassos, John<br>1009 N. Ocean Blvd.<br>Pompano Beach, FL                                                                                                                                                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby 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:



April 10 2008