

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751441 (7)

1. Corporation Name
TRADEWINDS BY THE SEA, INC.



Principal Place of Business C/O UNITED COMMUNITY MGT CORP 3300 UNIVERSITY DRIVE #405 CORAL SPRINGS FL 33065	Mailing Address C/O UNITED COMMUNITY MGT CORP 3300 UNIVERSITY DRIVE #405 CORAL SPRINGS FL 33065
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3. Date Incorporated or Qualified 03/10/1980	
4. FEI Number 59-2003419	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

UNITED COMMUNITY MGT CORP
3300 UNIVERSITY DRIVE #405
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMMONS, LARRY	1.2 NAME	Abdo merlo
STREET ADDRESS	2029 N OCEAN BLVD #312	1.3 STREET ADDRESS	2029 N. Ocean Blvd. #103
CITY-ST-ZIP	FT LAUDERDALE FL 33305	1.4 CITY-ST-ZIP	Ft. Laud., Fl. 33305
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTINGTON, PETER	2.2 NAME	
STREET ADDRESS	2029 N. OCEAN BLVD A-305	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRER, SHAN	3.2 NAME	
STREET ADDRESS	2029 N. OCEAN BLVD. #510	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZARIDIS, DEBRA	4.2 NAME	
STREET ADDRESS	3350 E ATLANTIC BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCELMEEL, JOYCE	5.2 NAME	
STREET ADDRESS	2029 N. OCEAN BLVD #306	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harry Feinberg	6.2 NAME	
STREET ADDRESS	2029 N. Ocean Blvd. #212	6.3 STREET ADDRESS	
CITY-ST-ZIP	Florida, Fl. 33305	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.

SIGNATURE: *Harry Feinberg* 2/1/98 954-630-9588

CR2E037 (10/97)