


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90026 033 \*\*\*\*61.25

DOCUMENT # 751441			
1. Entity Name TRADEWINDS BY THE SEA, INC.			
Principal Place of Business 2029 NORTH OCEAN BLVD. FORT LAUDERDALE, FL 33305		Mailing Address 2029 NORTH OCEAN BLVD. FORT LAUDERDALE, FL 33305	
2. Principal Place of Business		3. Mailing Address 1750 University Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 205	
City & State		City & State Coconut Springs FL	
Zip	Country	Zip	Country
33071		33071	
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	

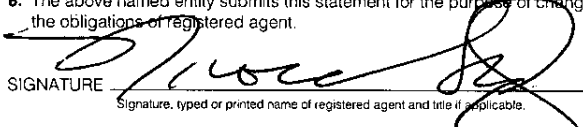
54011118



01072004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent FLORIDA PROP MGMT 2682 W ABLANCA CIRCLE DAVIE, FL 33328		7. Name and Address of New Registered Agent Name: SWIFT Management Solutions Street Address (P.O. Box Number is Not Acceptable): 1750 University Dr #205 City: Coconut Springs FL Zip Code: 33071	
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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:  DATE: 1/6/04

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	T COSTA, LUIS <input type="checkbox"/> Delete	TITLE NAME	PP Patrick McElmeel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2029 NORTH OCEAN BLVD #204 FORT LAUDERDALE, FL 33305	STREET ADDRESS CITY-ST-ZIP	2029 N Ocean Blvd 306 FT LAUDERDALE FL 33305
TITLE NAME	S FERRER, SHAN <input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2029 N. OCEAN BLVD. #510 FT LAUDERDALE, FL 33305	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	P BRODBECK, GILBERT <input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2029 N. OCEAN BLVD. #405 FT. LAUDERDALE, FL 33305	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	V MCELMEEL, JOYCE <input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2029 N. OCEAN BLVD #306 FORT LAUDERDALE, FL 33305	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	D ZAHERAK, DIANE <input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2029 NORTH OCEAN BLVD. FT LAUDERDALE, FL 33305	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	D MCELMEEL, JOYCE <input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2029 N OCEAN BLVD #201 FT LAUDERDALE, FL 33305	STREET ADDRESS CITY-ST-ZIP	

12. 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 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:  DATE: 1/19/04 DAYTIME PHONE #: 341-6370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR