


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90122 027 ****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 1750 UNIVERSITY DR. 205 POMPANO BEACH, FL 33071	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SIFT MGMT. SOULTIONS 1750 UNIVERSITY DR. #205 POMPANO BEACH, FL 33071		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 STREET ADDRESS CITY-ST-ZIP	D COSTA, LUIS 2029 NORTH OCEAN BLVD #204 FORT LAUDERDALE, FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Mark Mayers 2029 N. Ocean Blvd #312 Ft. Lauderdale, FL 33305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCELMEED, PATRICK 2029 N. OCEAN BLVD., 306 FORT LAUDERDALE, FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP James Gulluscio 2029 N. Ocean Blvd #205 Ft. Lauderdale, FL 33305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRICE, ANGELA 2029 N. OCEAN BLVD #308 FORT LAUDERDALE, FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Dwight Taylor 2029 N. Ocean Blvd #203 Ft. Lauderdale, FL 33305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRICE, DALLAS 2029 N. OCEAN BLVD #308 FORT LAUDERDALE, FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Wallace Eaddy 2029 N. Ocean Blvd #108 Ft. Lauderdale, FL 33305 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EADAY, WOLLY 2029 N. OCEAN BLVD #108 FORT LAUDERDALE, FL 33305 <input checked="" type="checkbox"/> Delete <i>change</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Brice Howe 2029 N. Ocean Blvd #212 Ft. Lauderdale, FL 33305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Brice Howe</i>		Date: <i>2/15/06</i> Daytime Phone #: <i>954 341 3346</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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4. FEI Number 59-2003419 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required