

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90045 017 ****61.25

DOCUMENT # 760673

1. Entity Name
**TRADEWINDS AT DOS LAGOS CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**130 VIA DE CASAS NORTE
BOYNTON BEACH, FL 33426**

Mailing Address
**C/O ASSOCIATED PROPERTY MGMT
1928 LAKE WORTH RD
LAKE WORTH, FL 33461 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2157873

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD
LAKE WORTH, FL 33461**

Name
EDWARD DICKER, ESQUIRE
Street Address (P.O. Box Number is Not Acceptable)
1818 Australian Avenue South
Suite 400
City
West Palm Beach FL Zip Code
33409

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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	VD	<input checked="" type="checkbox"/> Delete
NAME	MASER, CECILIA	
STREET ADDRESS	69 VIA DE CASA N	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	D	<input type="checkbox"/> Delete
NAME	VROLA, CLAIRE	
STREET ADDRESS	25 VIA DE CASAS NORTE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BARONE, THERESA	
STREET ADDRESS	38 VIA DE CASAS NORTE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TOYE, CHARLES	
STREET ADDRESS	15 VIA DE CASAS NORTE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PLUMMER, GRANT	
STREET ADDRESS	14 VIA DE CASAS NORTE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASER, CECILIA	
STREET ADDRESS	69 VIA DE CASAS NORTE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARONE, THERESA	
STREET ADDRESS	33 VIA DE CASAS NORTE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOYE, CHARLES	
STREET ADDRESS	15 VIA DE CASAS NORTE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRISWOLD, HAROLD T.	
STREET ADDRESS	4416 THORNGATE DR.	
CITY-ST-ZIP	FORT WAYNE, IN 46835	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRANTE, BOB	
STREET ADDRESS	232 J SPRINGMEADOW DR.	
CITY-ST-ZIP	HOLBROOK, NY 11741	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Cecilia Maser **CECILIA MASER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #