

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770333

FILED  
Jan 27, 2010  
Secretary of State

**Entity Name:** TRADEWINDS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O M&M PROPRETY MANAGEMENT LLC  
1412 S. POWERLINE RD.  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

C/O M&M PROPRETY MANAGEMENT LLC  
1412 S. POWERLINE RD.  
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:** 59-2290680

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KATZMAN GARFINKEL, P.A.  
1501 N.W. 49TH ST.  
SUITE 202  
FT. LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

M & M PROPERTY MANAGEMENT  
1412 S. POWERLINE ROAD  
POMPANO BEACH, FL 33069 US

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.

SIGNATURE: BRENDA MOSKOWITZ

01/27/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: OSMAN, PETER  
Address: 3000 NW 42ND AVE #501  
City-St-Zip: COCONUT CREEK, FL 33066

Title: VPD  
Name: SCHLACHTER, HERMAN  
Address: 3100 NW 42ND AVE #305  
City-St-Zip: COCONUT CREEK, FL 33066

Title: SD  
Name: KOWALSKI, KATHY L  
Address: 3150 NW 42ND AVE. #201  
City-St-Zip: COCONUT CREEK, FL 33066

Title: D  
Name: SIEGEL, STEWART  
Address: 3000 NW 42ND AVE #309  
City-St-Zip: COCONUT CREEK, FL 33066

Title: D  
Name: GARVIN, GRAYSON B  
Address: 3000 NW 42ND AVE #401  
City-St-Zip: COCONUT CREEK, FL 33066

Title: D  
Name: PUSTILINK, ALEKSANDR  
Address: 2900 NW 42ND AVE #510  
City-St-Zip: COCONUT CREEK, FL 33066

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PETER OSMAN

PRES

01/27/2010

Electronic Signature of Signing Officer or Director

Date