

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90039 019 ****61.25

DOCUMENT # N00000001171						
1. Entity Name TRADEWINDS AT SEBASTIAN LAKES HOMEOWNERS ASSOCIATION, INC.						
Principal Place of Business 2001 9TH AVENUE 308 VERO BEACH, FL 32960			Mailing Address 2001 9TH AVENUE 308 VERO BEACH, FL 32960			
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	4. FEI Number 65-0998434		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
MILLER, WILLIAM F 2001 9TH AVE, SUITE 308 VERO BEACH, FL 32960			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:				DATE: 4/30/07		
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 PD	NAME NIXON, ELEANOR		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1291 SEBASTIAN LAKES DRIVE	CITY-ST-ZIP SEBASTIAN, FL 32958			NAME	STREET ADDRESS	
TITLE VPD	NAME IMBERGAMO, MILDRED		<input checked="" type="checkbox"/> Delete	TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 1401 TRADEWINDS WAY	CITY-ST-ZIP SEBASTIAN, FL 32958			NAME LANGMAID, MIKKI	STREET ADDRESS 1343 SHORELINE CIRCLE	
TITLE SD	NAME GAROFALO, STELLA		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1442 TRADEWINDS WAY	CITY-ST-ZIP SEBASTIAN, FL 32958			NAME	STREET ADDRESS	
TITLE D	NAME LANGMAID, EILEEN		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1343 SHORELINE DRIVE	CITY-ST-ZIP SEBASTIAN, FL 32958			NAME	STREET ADDRESS	
TITLE TD	NAME PETERSON, MARY		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1353 SHORELINE CIRCLE	CITY-ST-ZIP SEBASTIAN, FL 32958			NAME	STREET ADDRESS	
TITLE D	NAME TROUT, DWIGHT		<input checked="" type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 1292 SEBASTIAN LAKES DRIVE	CITY-ST-ZIP SEBASTIAN, FL 32958			NAME BRUCE, GLEN	STREET ADDRESS 1356 SHORELINE CIRCLE	
TITLE	NAME			TITLE	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP	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:				DATE: 4/30/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #		
ELEANOR NIXON						