

ND4000007307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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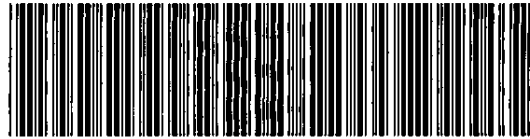
(Business Entity Name)

(Document Number)

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RALPH
10/11/22/B

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tradewinds Subdivision Homeowners Assoc., Inc.
Name of Corporation

DOCUMENT NUMBER: N04000007367

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pam Cuda
Name of Contact Person

PRIME Coast Property Management
Firm/Company

P. O. Box 427
Address

Panacea, FL 32346
City/State and Zip Code

pambcuda@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pam Cuda at (850) 984-3281
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 NOV 22 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 16, 2010

PAM CUDA
PRIME COAST PROPERTY MANAGEMENT
P.O. BOX 427
PANACEA, FL 32346

SUBJECT: TRADEWINDS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N04000007367

We have received your document for **TRADEWINDS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.** and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 010A00026904

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tradewinds Subdivision Homeowners Assoc., Inc.
2. The principal office address: 53 Top Sail Way, Panacea, FL 32346
3. The mailing address (if different): P. O. Box 427, Panacea, FL 32346
4. Date of incorporation/qualification: 7/27/2004 Document number: N04000007367
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter-resigned)

Frank Cuda
46 Blue Crab Lane
Panacea, FL 32346

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Pam Cuda
46 Blue Crab Lane
Panacea, FL 32346

P.O. Box NOT acceptable

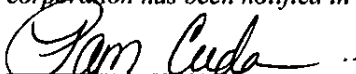
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Fred Unger - President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

11/10/10
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED
SECRETARY OF FLORIDA
TALLAHASSEE
10 NOV 22 PM 3:08