2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N06333

1. Entity Name
TRADEWINDS CLUB, INC.

Principal Place of Business	Mailing Address
2581-2599 HWY A1A	P.O. BOX 510683
MELBOURNE BEACH, FL 32951 US	MELBOURNE BEACH, FL 32951 US

DO NOT WRITE IN THIS SPACE

01212007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-2503484	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, KATHLEEN
2587 HWY A1A
MELBOURNE BEACH, FL 32951

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IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	ADAMS, JOHN
STREET ADDRESS	2587 HWY A1A
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	VD
NAME	KOENIG, WALTER
STREET ADDRESS	2583 HWY A1A
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	STD
NAME	NASH, ALAN
STREET ADDRESS	2591 HWY A1A
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/07-80020-003 61.25

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IN THIS SPACE**

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: John Adams   1/18/07   321.223.0321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #