

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06333

FILED
Jan 27, 2009
Secretary of State

Entity Name: TRADEWINDS CLUB, INC.

Current Principal Place of Business:

2581-2599 HWY A1A
MELBOURNE BEACH, FL 32951 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 510683
MELBOURNE BEACH, FL 32951 US

New Mailing Address:

2601 HWY A1A / BOX #11
MELBOURNE BEACH, FL 32951 US

FEI Number: 59-2503484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, KATHLEEN
2587 HWY A1A
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADAMS, JOHN
Address: 2587 HWY A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VD () Delete
Name: KOENIG, WALTER
Address: 2583 HWY A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: STD () Delete
Name: NASH, ALAN
Address: 2591 HWY A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ADAMS, JOHN C
Address: 2587 HWY A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: VD (X) Change () Addition
Name: KOENIG, DIANE
Address: 215 CLYDE STREET
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN C. ADAMS

PD

01/27/2009

Electronic Signature of Signing Officer or Director

Date