

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N07000000828

**FILED**  
**Oct 09, 2013**  
**Secretary of State**

**Entity Name:** TRADEWINDS OF JENSEN BEACH CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

19 BAYVIEW ROAD  
TEQUESTA, FL 33469

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 233  
JENSEN BEACH, FL 34958

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

FRANCESCANI, MICHAEL  
19 BAYVIEW ROAD  
TEQUESTA, FL 33469 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: MICHAEL FRANCESCANI

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FRANCESCANI, MICHAEL  
Address: P O BOX 233  
City-St-Zip: JENSEN BEACH, FL 34958

Title: VSTD  
Name: NEANDROSS, ROBIN  
Address: P O BOX 233  
City-St-Zip: JENSEN BEACH, FL 34958

Title: D  
Name: NEANDROSS, BRUCE  
Address: P O BOX 233  
City-St-Zip: JENSEN BEACH, FL 34958

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: MICHAEL FRANCESCANI

PD

10/09/2013

Electronic Signature of Signing Officer or Director

Date