2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2007 8:00 am Secretary of State

ANNUAL REPORT	
DOCUMENT # N12366	

1. Entity Name THE TRADEWINDS OF VOLUSIA, INC.								04-19-2	2007 9	0182 03	36 ****7().00	
Principal Place of Business Mailing Address 5265 S. ATLANTIC AVENUE 5265 S. ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH, FL 321					UE . 32169	•	40	-					
2. Principal F	Place of Busin	ness - No P.O. Box #	3. Mailing A	ddress									
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.			04152007	Chg-NP		CR2E03	37 (12/06)		
City & State			City & S	City & State			4. FEI Number 59-261					pplied For ot Applicable	
Zip		Country	Zip		Country		5. Certificate	of Status De	esired	æ	\$8.75 Ad Fee Require		
	6. Name	and Address of Current	Registered Ag	ent			7. Name and	Address of	f New Re	gistered	Agent		
STOWELL	L, WALTER	₹			Name								
5255 S AT	LANTIC	UNIT 1101 CH, FL 32169			Street Ad	ddress (P.	O. Box Numb	er is Not Acc	ceptable)			
					City					FL	Zip Coo	de	
8. The above	named entity	y submits this statement fo	or the purpose o	f changing its re	egistered office or	registered	d agent, or bo	th, in the Sta	ate of Floi		familiar with	, and accept	
SIGNATURE		J											
	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: I	Registered Agent signatu	ure required w	hen reinstating)			DATE			
	Filing Fe	or printed name of registered agent		(NOTE: I Election Camp Trust Fund Co	paign Financing		55.00 May B	le		ıke checi	c payable tement of S		
10.	Filing Fe Due by N	e ls \$61.25	9.	. Election Camp	paign Financing		5.00 May B		Flori	ike checi da Depar	tment of S	tate	
	P/D STOWELL 5255 S. A	e is \$61.25 lay 1, 2007	9. RECTORS	. Election Camp	paign Financing entribution.	- AE	55.00 May B Added to Fees	ANGES TO	Flori	ike check da Depar	RECTORS II	N 10 Addition	2
10. TITLE NAME STREET ADDRESS	P/D STOWELL 5255 S. A NEW SMY D FISHER, I 5255 S. AT	e Is \$61.25 flay 1, 2007 OFFICERS AND DIF L, WALTER TLANTIC, UNIT 1101 YRNA BEACH, FL 321	9. RECTORS	Election Camp Trust Fund Co	paign Financing Intribution. 11. TITLE NAME STREET ADDRESS	T/I FRAS NEW 790	55.00 May B Added to Fees DDITIONS/CH	ANGES TON ATL RNA ALLEN PINE	Flori OFFICEF I C A A NT BE P	ICA	TECTORS IF Change UE, U □ Change □ Change	N 10 Addition N 17 100 2169 Addition	2
THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P/D STOWELL 5255 S. A' NEW SMY D FISHER, I 5255 S AT NEW SMY VP/D BLACKWG 5257 S. A'	e Is \$61.25 flay 1, 2007 OFFICERS AND DIF L, WALTER TLANTIC, UNIT 1101 YRNA BEACH, FL 3216 ROBERT FLANTIC, # 1402	9. RECTORS	Election Camp Trust Fund Co	Daign Financing Intribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	T/I FRAS NEW 790	S.00 May B sidded to Fees DDITIONS/CH DANK S.5 S.	ANGES TON ATL RNA ALLEN PINE	Flori OFFICEF I C A A NT BE P	ICA	TECTORS IF Change UE, U □ Change □ Change	N 10 Addition N 17 100 2169 Addition	2
THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	P/D STOWELI 5255 S. A NEW SMY D FISHER, I 5255 S AT NEW SMY VP/D BLACKWO 5257 S. A NEW SMY T/D HARLESS 5275 S AT	P Is \$61.25 Play 1, 2007 OFFICERS AND DIFFICERS AND DIFFI	99. RECTORS [69] 69	Election Camp Trust Fund Co Delete	Daign Financing Intribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	T/I FRAS NEW 790	55.00 May B Added to Fees DDITIONS/CH	ANGES TON ATL RNA ALLEN PINE	Flori OFFICEF I C A A NT BE P	ICA	THE TOP S IF CHANGE VE, U Change Change Change	N 10 Addition N IT 100 2169 Addition	2
THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P/D STOWELI 5255 S. A NEW SMY D FISHER, I 5255 S AT NEW SMY VP/D BLACKWO 5257 S. A NEW SMY T/D HARLESS 5275 S AT NEW SMY S/D ROSS, IAI 5275 S AT	OFFICERS AND DIF OFFICERS AND DIF L, WALTER TLANTIC, UNIT 1101 YRNA BEACH, FL 3210 ROBERT FLANTIC, # 1402 YRNA BCH, FL 32169 DOD, RON TLANTIC, UNIT 408 YRNA BEACH, FL 3210 S, DOUG FLANTIC AVE, UNIT 50 YRNA BEACH, FL 3210	69 69 05 69	Election Camp Trust Fund Co Delete Delete	Daign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	T/I FRAS NEW 790	55.00 May B Added to Fees DDITIONS/CH	ANGES TON ATL RNA ALLEN PINE	Flori OFFICEF I C A A NT BE P	ICA	THE	Addition Addition Addition Addition	2
TIO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/ID STOWELI 5255 S. A. NEW SMN D FISHER, I 5255 S. AT NEW SMN VP/D BLACKWK 5257 S. AT NEW SMN T/D HARLESS 5275 S. AT NEW SMN S/D ROSS, IAI 5275 S. AT NEW SMN	OFFICERS AND DIF	9. RECTORS [69 69 05 69 [08 69 69 [08 69 [08 69 [08 69 69 [08 69 [08 69 [08 69 69 [08 69 [08 69 69 [08 69 [08 69 69 [08 69 69 [08 69 69 [08 69 69 [08 69 69 [08 69 69 [08 69 69 [08 69 69 [08 69 69 [08 69 69 [08 69 69 [08 68 68 68 68 68 68 [08 68 68 68 68 68 68 68 68 68 68 68 68 68	Election Camp Trust Fund Co Delete Delete Delete Delete	Daign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITES NEW TOOR	S.00 May Badded to Fees DDITIONS/CH	ANGES TO BIAN ATL ALLEN PINE D. FL	Flori OFFICER ICA ANT BEP VST. 32	AKE CHECK	tment of S RECTORS II Change L 3. Change Change Change	Addition Addition Addition	2

12. Thereby 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 amaddless, with all other like empowered.

SIGNATURE:

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07 586 428 712