

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12366

FILED
Feb 15, 2009
Secretary of State

Entity Name: THE TRADEWINDS OF VOLUSIA, INC.

Current Principal Place of Business:

5265 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

5265 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 59-2616238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOWELL, WALTER
5255 S ATLANTIC, UNIT 1101
NEW SMYRNA BEACH, FL 32169 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: P/D () Delete
Name: STOWELL, WALTER
Address: 5255 S. ATLANTIC, UNIT 1101
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: SD () Delete
Name: ALLEN, TERRY
Address: 901 E PINE ST # 4
City-St-Zip: ORLANDO, FL 32801

Title: VP/D () Delete
Name: BLACKWOOD, RON
Address: 5257 S. ATLANTIC, UNIT 408
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T/D () Delete
Name: BUTLER, VINCENT G
Address: 1808 WINGFIELD DR.
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: SIGMAN, DONALD L
Address: 11267 RIVER MORNINGS RD.
City-St-Zip: JACKSONVILLE, FL 322251522

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: ALLEN, TERRY
Address: 5275 S ATLANTIC AVE. #705
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP/D (X) Change () Addition
Name: BLACKWOOD, RON
Address: 5275 S. ATLANTIC, UNIT 408
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

Title: D (X) Change () Addition
Name: SIGMAN, DONALD L
Address: 1431 RIVERVIEW PLACE - UNIT #2805
City-St-Zip: JACKSONVILLE, FL 32207

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: TERRY ALLEN

SD

02/15/2009

Electronic Signature of Signing Officer or Director

Date