


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12437 (2)
1. Corporation Name
TRADEWINDS CONDOMINIUM OWNERS' ASSOCIATION, INC.



Principal Place of Business 2250 COUNTY HWY 2378 DESTIN FL 32541 US	Mailing Address 2250 COUNTY HWY 2378 DESTIN FL 32541 US
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2. Principal Place of Business 21 2250 Old Hwy 98	2a. Mailing Address 26 2250 Old Hwy 98
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Destin FL	28 City & State Destin FL
24 Zip 32541	25 Country U.S.
29 Zip 32541	30 Country U.S.

3. Date Incorporated or Qualified 12/09/1985	3a. Date of Last Report 04/29/1996
4. FEI Number 59-0788761	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FREDERICK MANNING PAUL WYCKOFF
3975 HWY 90 EAST
DESTIN FL 32541**

10. Name and Address of New Registered Agent
81 Name **Paul Wyckoff**
82 Street Address (P.O. Box Number is Not Acceptable)
2250 Old Hwy 98 # 11
83
84 City **Destin** FL 85 Zip Code **32541**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S HOLLINGSWORTH, HENRY	1.2 NAME	
STREET ADDRESS	108 ARCADIA DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TUSCALOOSA AL	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WOOD, ERNEST	2.2 NAME	
STREET ADDRESS	252 WATERFORD DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BONAIRE GA	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P WYCKOFF, PAUL	3.2 NAME	
STREET ADDRESS	2250 COUNTY HWY 2378	3.3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T EILAND, JOYCE	4.2 NAME	
STREET ADDRESS	1300 BEACON PARKWAY EAST, #402	4.3 STREET ADDRESS	
CITY - ST - ZIP	BIRMINGHAM AL	4.4 CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRELL, TIMOTHY	5.2 NAME	Norbert Schaefer
STREET ADDRESS	1682 SOUTHPOINTE DRIVE	5.3 STREET ADDRESS	415 Seminole Dr
CITY - ST - ZIP	BIRMINGHAM AL	5.4 CITY - ST - ZIP	Montgomery AL 36117
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP SPINKS, JAMES	6.2 NAME	James Greiner
STREET ADDRESS	1412 RUSSELL PARKWAY	6.3 STREET ADDRESS	541 East Silver Lake
CITY - ST - ZIP	WARNER ROBBINS GA	6.4 CITY - ST - ZIP	Traverse City MI 49604

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)