

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

N.F. 82
NONPROFIT CORPORATION ANNUAL REPORT 1998
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # N12437 (2)
1. Corporation Name
TRADEWINDS CONDOMINIUM OWNERS' ASSOCIATION, INC.



Principal Place of Business 2250 OLD HWY. 98 DESTIN FL 32541 US		Mailing Address 2250 OLD HWY. 98 DESTIN FL 32541 US		3. Date Incorporated or Qualified 12/09/1985
2. Principal Place of Business 21 Suite, Apt #, etc.		2a. Mailing Address 26 Suite, Apt #, etc.		4. FEI Number 59-0788761
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip		28 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24		25		29
26		27		30

9. Name and Address of Current Registered Agent WYCHKOFF, PAUL 2250 OLD HWY. 98 #11 DESTIN FL 32541		10. Name and Address of New Registered Agent 81 Name JAMES H. SPINKS. 82 Street Address (P.O. Box Number is Not Acceptable) 2250 Old Hwy 98 # 22 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 familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Tom Eager VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLINGSWORTH, HENRY	1.2 NAME	Eugene W Eager v.p.
STREET ADDRESS	106 ARCADIA DRIVE	1.3 STREET ADDRESS	1728 Pineknoll Lane
CITY-ST-ZIP	TUSCALOOSA AL	1.4 CITY-ST-ZIP	Albany Ga 31707-3779
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Chris Harrington <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, ERNEST	2.2 NAME	Chris Harrington D.
STREET ADDRESS	252 WATERFORD DRIVE	2.3 STREET ADDRESS	732 Cherokee Dr
CITY-ST-ZIP	BONAIRE GA	2.4 CITY-ST-ZIP	Eslin AFB FL 32542
TITLE	WYCHKOFF, PAUL <input checked="" type="checkbox"/> DELETE	3.1 TITLE	James H. Spinks <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYCHKOFF, PAUL	3.2 NAME	James H. Spinks
STREET ADDRESS	2250 COUNTY HWY 2378	3.3 STREET ADDRESS	1300 ...
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	...
TITLE	Sec <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EILAND, JOYCE Sec.	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	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Ann Terrell T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFER, NORBERT	5.2 NAME	Anne Terrell T.
STREET ADDRESS	416 SEMINOLE DR.	5.3 STREET ADDRESS	3161 Chestnut Oak Dr
CITY-ST-ZIP	MONTGOMERY AL	5.4 CITY-ST-ZIP	Hoover Al 35244
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINKS, JAMES P.	6.2 NAME	
STREET ADDRESS	1412 RUSSELL PARKWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	WARNER ROBBINS GA	6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Joyce S. Eiland, Sec* Joyce S. Eiland SAC 1/17/98 (850) 837-3577

CR2E037 (10/97)