

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90066 019 \*\*\*\*61.25

**DOCUMENT # N12437**

1. Entity Name

**TRADEWINDS CONDOMINIUM OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2250 OLD HWY. 98  
 DESTIN FL 32541  
 US

2250 OLD HWY. 98  
 DESTIN FL 32541-6841  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0788761**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPINKS, JAMES H**  
**2250 OLD HWY 98**  
**#22**  
**DESTIN FL 32541**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOLLINGSWORTH, HENRY</b>	
STREET ADDRESS	<b>106 ARCADIA DRIVE</b>	
CITY-ST-ZIP	<b>TUSCALOOSA AL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WOOD, ERNEST</b>	
STREET ADDRESS	<b>252 WATERFORD DRIVE</b>	
CITY-ST-ZIP	<b>BONAIRE GA</b>	
TITLE	<b>D P</b>	<input type="checkbox"/> Delete
NAME	<b>SPINKS, JAMES H</b>	
STREET ADDRESS	<b>1412 RUSSELL PKWY</b>	
CITY-ST-ZIP	<b>WARNER ROBINS GA 31707</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WOOD, EARNEST</b>	
STREET ADDRESS	<b>252 WATERFORD DR</b>	
CITY-ST-ZIP	<b>RONAIRE GA</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARTIN, WILLIAM</b>	
STREET ADDRESS	<b>PO BOX 71264</b>	
CITY-ST-ZIP	<b>ALBANY GA 31704</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RHEA, RICHARD</b>	
STREET ADDRESS	<b>2008 OSAGE CT</b>	
CITY-ST-ZIP	<b>GRAND PRAIRIE TX</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RAYBURN MOORE</b>	
STREET ADDRESS	<b>Tuscaloosa, AL.</b>	
CITY-ST-ZIP	<b>819 Jennifer Dr. E.</b>	
TITLE	<b>S&amp;T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOYCE S. EILAND</b>	
STREET ADDRESS	<b>1300 Beacon Parkway E</b>	
CITY-ST-ZIP	<b>Birmingham, AL. 35209</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHARLOTTE E. DAVIS</b>	
STREET ADDRESS	<b>2450 E Livingston Ave.</b>	
CITY-ST-ZIP	<b>Bexley, OH 43209</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHN BECK</b>	
STREET ADDRESS	<b>Gainsville, FL.</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 an address; with all other like empowered.

SIGNATURE:

*Joyce S. Eiland*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC & TR.

4/19/2000 850-837-5559

Date

Daytime Phone #

CR2E037 (9/99)