



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90478 031 ****61.25

DOCUMENT # N12437 1. Entity Name TRADEWINDS CONDOMINIUM OWNERS' ASSOCIATION, INC.					
Principal Place of Business 2250 SCENIC GULF DR DESTIN, FL 32550 US				Mailing Address 2250 SCENIC GULF DR DESTIN, FL 32550 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03072005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-0788761	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SPINKS, JAMES H 2250 SCENIC GULF DR DESTIN, FL 32550			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YEP, CALVIN 4026 LYNDBURST PLACE SUGARLAND, TX 774793200 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YEP, CALVIN 4026 LYNDBURST PLACE SUGARLAND, TX 77479 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLLINGSWORTH, SUE 106 ARCADIA DRIVE TUSCALOOSA, AL 35404 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLLINGSWORTH, SUE 106 ARCADIA DR TUSCALOOSA, AL 35404 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATKINSON, PHILLIP 3103 MOCKINGBIRD LANE DOTHAN, AL 36303 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ATKINSON, Philip 3103 Mockingbird Lane Dothan, AL 36303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EILAND, JOYCE S 1300 BEACON PARKWAY E BIRMINGHAM, AL 35209 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Eiland, Joyce S 7932 Plum Orchard way Montgomery, AL 36117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WOOD, TERRY 409 WEXFORD CIRCLE BONAIR, GA 31005 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Lengford 227 Hwy 41 circle Perry, Ga. 31069 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SPINKS, JIMMY P.O. BOX 7989 WARNER ROBINS, GA 31088 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lashley, Gary 1112 A Russell Parkway WARNER ROBINS, GA 31088 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>Sue Hollingsworth</u> <u>Sue Hollingsworth</u> <u>April 28, 2005</u> <u>553-0833</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

850-837-5559

Document # N12437 ATTACHMENT
Tradewinds Condominium Owners Association

Page 2
April 28, 2005

Block 11

Additions / Changes

40073320

X Addition

3

Wood, Cathie

106 Delchamp Dr.

Warner Robins, Ga 31093