

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90013 010 ****70.00

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-0788761

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLINGSWORTH, SUE
2250 SCENIC GULF DR
DESTIN FL 32550

Name

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

City

FL

Zip Code

3. 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

Sue Hollingsworth

(NOTE: Registered Agent signature is required when registering.)

April 23, 2008

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	P	<input type="checkbox"/> Delete
NAME	YEP, CALVIN	
STREET ADDRESS	4026 LYNDHURST PLACE	
CITY-ST-ZIP	SUGARLAND TX 77479-3200	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOLLINGSWORTH, SUE	
STREET ADDRESS	106 ARCADIA DRIVE	
CITY-ST-ZIP	TUSCALOOSA AL 35404	
TITLE	V	<input type="checkbox"/> Delete
NAME	CUSSEN, PETER	
STREET ADDRESS	7675 DEMAR ROAD	
CITY-ST-ZIP	CINCINNATI OH 45243	
TITLE	S	<input type="checkbox"/> Delete
NAME	THRESHER, RICHARD	
STREET ADDRESS	15867 MONTVIEW DRIVE	
CITY-ST-ZIP	MONTCLAIRE VA 22026	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEMARAY, WENDY	
STREET ADDRESS	102 LOS ANGELES ST	
CITY-ST-ZIP	DESTIN FL 32550	
TITLE	D	<input type="checkbox"/> Delete
NAME	NIXON, JOHN	
STREET ADDRESS	P.O. BOX 6608	
CITY-ST-ZIP	WARNER ROBINS GA 31095	

TITLE	Roger Martin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1115 Jeff Davis Drive	
STREET ADDRESS	Tyler, Texas 76103	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 exemptions contained in Section 119, 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

Sue Hollingsworth

April 23, 2008