

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N25424** (5)

1. Corporation Name

TRADE WINDS MOBILE HOME COURT HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O STEVEN W. PROUTY
1205 MANATEE AVENUE WEST
BRADENTON FL 34205

C/O STEVEN W. PROUTY
1205 MANATEE AVENUE WEST
BRADENTON FL 34205

3. Date Incorporated or Qualified
03/15/1988

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

65-0037086

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROUTY, STEVEN W.
1205 MANATEE AVENUE WEST
BRADENTON FL 34205

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MCGILLIVRAY, STEVE
STREET ADDRESS 5917 - 14TH ST., W., #124
CITY-ST-ZIP BRADENTON FL

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME MUSOLF, DON
1.3 STREET ADDRESS 5917 - 14TH ST. W., #224
1.4 CITY-ST-ZIP BRADENTON, FL.

TITLE D ☐ DELETE
NAME GLICK, DORIS
STREET ADDRESS 5917 - 14TH ST., W., #402
CITY-ST-ZIP BRADENTON FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME BARRETT, RUTH
2.3 STREET ADDRESS 5917 - 14th ST. W., #530
2.4 CITY-ST-ZIP BRADENTON, FL.

TITLE D ☐ DELETE
NAME DUNCAN, MAURICE
STREET ADDRESS 5917 - 14TH ST., W.M #424
CITY-ST-ZIP BRADENTON FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE STD ☐ DELETE
NAME FINLAN, F.K.
STREET ADDRESS 5917 - 14TH ST., W., #106
CITY-ST-ZIP BRADENTON FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME MARINELLO, GUY
STREET ADDRESS 5917 - 14TH ST., W., #224
CITY-ST-ZIP BRADENTON FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **Secretary-Treasurer** **2/21/96** **941-739-0802**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)