

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 34205-7517**



3. Date Incorporated or Qualified **03/15/1988** 3a. Date of Last Report **03/20/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **65-0037086** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip Country 25 Country 29 Zip Country 30 Country 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	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUSOLF, DON</b>	1.2 NAME	<b>BARTON, FRANCIS, L. SN</b>
STREET ADDRESS	<b>5917 14TH STREET W #224</b>	1.3 STREET ADDRESS	<b>5917 14th St W # 529</b>
CITY - ST - ZIP	<b>BRADENTON FL</b>	1.4 CITY - ST - ZIP	<b>BRADENTON FL 34207</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARRETT, RUTH</b>	2.2 NAME	
STREET ADDRESS	<b>5917 14TH STREET W. #530</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BRADENTON FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNCAN, MAURICE</b>	3.2 NAME	
STREET ADDRESS	<b>5917 - 14TH ST., W.M #424</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BRADENTON FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>STD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINLAN, F.K.</b>	4.2 NAME	<b>GLICK, DORIS</b>
STREET ADDRESS	<b>5917 - 14TH ST., W., #106</b>	4.3 STREET ADDRESS	<b>5917 14th St W #402</b>
CITY - ST - ZIP	<b>BRADENTON FL</b>	4.4 CITY - ST - ZIP	<b>BRADENTON FL 34207</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARINELLO, GUY</b>	5.2 NAME	
STREET ADDRESS	<b>5917 - 14TH ST., W., #224</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BRADENTON FL</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: *Doris Glick* *Secy Tm* 3-101997 941-358-3525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0061495

CR2E037 (9/96)