

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90037 048 \*\*\*\*70.00

|                                                                                               |                                                                                   |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N35256</b><br>1. Entity Name<br><b>TRADEWINDS &amp; ATLANTIC RAILROAD, INC.</b> |  |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                                              |                                                                                                        |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>TRADEWINDS PARK<br/>3600 W SAMPLE RD<br/>COCONUT CREEK FL 33073<br/>US</b> | Mailing Address<br><b>C/O BETTE G. POOLE<br/>3050 HOLIDAY SPRINGS BLVD, # 308<br/>MARGATE FL 33063</b> |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|



|                                                                                                                     |                                                                                         |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>Country | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>Country |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|

1st MOORE CR2E037 (10/06)

|                                                                                                                                      |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0171880</b>                                                                                                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                           |                                                        |
| 6. Name and Address of Current Registered Agent<br><b>HOLLAHAN, JONATHON L<br/>701 SANDALWOOD LANE<br/>FORT LAUDERDALE FL 33317</b>  |                                                        |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restoring) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>ZAUDER, LARRY<br>656 BLUEBELL CT<br>WEST PALM BEACH FL 33414 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>HOLLAHAN, JONATHAN<br>701 SANDALWOOD LN<br>PLANTATION FL 33317 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>POOLE, BETTE G<br>3050 HOLIDAY SPRINGS BLVD 18, # 308<br>MARGATE FL 33063 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>BRAND, MIM<br>18575 EGRET WAY<br>BOCA RATON FL 33496 <input type="checkbox"/> Delete                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ANDERSON, KIM<br>18916 RED CORAL WY<br>BOCA RATON FL 33498 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BOARD, RICHARD<br>2650 NE 18 TERRACE<br>LIGHTHOUSE POINT FL 33064 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
|                                                |                                                                                                                   |                                                       | <b>JOHNSON, JOHN D.L.<br/>3879 WOODS WALK BLVD<br/>LAKE WORTH, FL 33467-2359</b> |

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: Bette G. Poole (BETTE G. POOLE) 4-3-07 (954) 753-4367  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

ATTACHMENT 40058277  
#N135256

ATTACHMENT

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)

DOCUMENT # - N 35256

TRADEWINDS + ATLANTIC RAILROAD, INC.

BLOCK 10

D BRAND, NORMAN  
18575 EGRET WAY  
BOCA RATON, FL 33496

BLOCK 11

D (SAME)