

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30/1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N97000006538 (9)

1. Corporation Name

TRADEWINDS FOUNDATION, INC.



Principal Place of Business

Mailing Address

8365 SENECA TURNPIKE  
NEW HARTFORD NY 13413

8365 SENECA TURNPIKE  
NEW HARTFORD NY 13413

3. Date Incorporated or Qualified

11/17/1997

4. FEI Number

65-0797138

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

STANISH, DANE T  
537 NORTH RAINBOW DRIVE  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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 Dane T. Stanish

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/22/98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME ABELOVE, DAVID  
STREET ADDRESS 8365 SENECA TURNPIKE  
CITY-ST-ZIP NEW HARTFORD NY 13413

TITLE VD ☐ DELETE  
NAME CLARK, KATHERINE  
STREET ADDRESS 8365 SENECA TURNPIKE  
CITY-ST-ZIP NEW HARTFORD NY 13413

TITLE VD ☐ DELETE  
NAME ZARECKI, SCOTT  
STREET ADDRESS 2101 N. ANDREWS AVENUE, STE 207  
CITY-ST-ZIP WILTON MANORS FL

TITLE STD ☐ DELETE  
NAME EVANS, ROBERT  
STREET ADDRESS 8365 SENECA TURNPIKE  
CITY-ST-ZIP NEW HARTFORD NY 13413

TITLE D ☐ DELETE  
NAME TEHAN, LOUIS  
STREET ADDRESS 1020 MARY STREET  
CITY-ST-ZIP UTICA NY 13501

TITLE D ☐ DELETE  
NAME HOLUCKY, WILLIAM  
STREET ADDRESS 1550 CHAMPLIN AVE.  
CITY-ST-ZIP UTICA NY 13502

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

Robert Evans Sec. Treas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/22/98 315 797-2600

0013720

CR2E037 (5/98)