

FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **751441** **751441**
 1. Corporation Name
TRADEWINDS BY THE SEA, INC.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **3/10/80** 3a. Date of Last Report

2. Principal Place of Business 21 **C/O UNITED COMM. MGT CORP** 2a. Mailing Address 26 **C/O UNITED COMM. MGT CORP** 4. FEI Number **59-2003419** Applied For Not Applicable

Suite, Apt. #, etc. 22 **3300 UNIV DRIVE #405** 27 **3300 UNIV DRIVE #405** 5. Certificate of Status Desired \$8.75 Additional Fee Required

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

Zip 24 **33065** Country 25 Country 29 **33065** 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
 81 Name **UNITED COMMUNITY MANAGEMENT CORP**
 82 Street Address (P.O. Box Number is Not Acceptable) **3300 UNIV DRIVE #405**
 83
 84 City **CORAL SPRINGS** FL 85 Zip Code **33065**

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 **UNITED COMMUNITY MGT CORP** (NOTE: Registered Agent signature required when reinstating) **4/24/97**

12. OFFICERS AND DIRECTORS

TITLE	P D	<input type="checkbox"/> DELETE
NAME	HUNTINGTON, PETER	
STREET ADDRESS	2029 N. OCEAN BLVD #209	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE	T D	<input type="checkbox"/> DELETE
NAME	MC ELMOREL JOYCE	
STREET ADDRESS	2029 N. OCEAN BLVD # 201	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE	V D	<input type="checkbox"/> DELETE
NAME	FEINBERG, HARRY	
STREET ADDRESS	2029 N. OCEAN BLVD # 212	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE	S D	<input type="checkbox"/> DELETE
NAME	MARLO ALDO	
STREET ADDRESS	2029 N. OCEAN BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SALLOT, DONALD	
STREET ADDRESS	2029 N. OCEAN BLVD # 210	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

900002185009
-05/20/97--01051--020
*****61.25**

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 **PETER C. HUNTINGTON** 4-17-97 954-564-2664
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR AS PRESIDENT Date Daytime Phone #

CR2E037 (9/96)