

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90030 037 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751441
 1. Corporation Name
TRADEWINDS BY THE SEA, INC.

Principal Place of Business C/O UNITED COMMUNITY MGT CORP 3300 UNIVERSITY DRIVE #405 CORAL SPRINGS FL 33065	Mailing Address C/O UNITED COMMUNITY MGT CORP 3300 UNIVERSITY DRIVE #405 CORAL SPRINGS FL 33065
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/10/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2003419
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

~~UNITED COMMUNITY MGT CORP
 3300 UNIVERSITY DRIVE #405
 CORAL SPRINGS FL 33065~~

10. Name and Address of New Registered Agent

81 Name *United Community Mgmt Corp*
 82 Street Address (P.O. Box Number is Not Acceptable) *3300 University Dr. #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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	MERLO, ALDO	
STREET ADDRESS	2029 N. OCEAN BLVD #103	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUNTINGTON, PETER	
STREET ADDRESS	2029 N. OCEAN BLVD A-305	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	FEINBERG, HARRY	
STREET ADDRESS	2094 N. OCEAN BLVD #212	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCELMEEL, JOYCE	
STREET ADDRESS	2029 N. OCEAN BLVD #306	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>Ferrer, Shan</i>	
1.3 STREET ADDRESS	<i>2029 N. Ocean Blvd #510</i>	
1.4 CITY-ST-ZIP	<i>FT. LAUD., FL. 33305</i>	
2.1 TITLE	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>Brodbeck, Gilbert</i>	
2.3 STREET ADDRESS	<i>2029 N. Ocean Blvd #405</i>	
2.4 CITY-ST-ZIP	<i>FT. LAUD., FL. 33305</i>	
3.1 TITLE	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<i>Stehlin, Robert</i>	
3.3 STREET ADDRESS	<i>2029 N. Ocean Blvd #304</i>	
3.4 CITY-ST-ZIP	<i>FT. LAUD., FL. 33305</i>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>MCELMEEL, JOYCE</i>	
4.3 STREET ADDRESS	<i>2029 N. OCEAN BLVD #201</i>	
4.4 CITY-ST-ZIP	<i>FT. LAUDERDALE, FL 33305</i>	
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		

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ Daytime Phone # _____

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