


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90049 028 ****61.25

DOCUMENT # 751441					
1. Entity Name TRADEWINDS BY THE SEA, INC.					
Principal Place of Business 2029 NORTH OCEAN BLVD. FORT LAUDERDALE, FL 33305			Mailing Address 1750 UNIVERSITY DR. 205 POMPANO BEACH, FL 33071		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01072007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2003419	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIFT MGMT. SOULTIONS 1750 UNIVERSITY DR. #205 POMPANO BEACH, FL 33071			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTA, LUIS		NAME	Dwight Taylor	
STREET ADDRESS	2029 NORTH OCEAN BLVD #204		STREET ADDRESS	2029 N. OCEAN BLVD # 203	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305		CITY-ST-ZIP	Ft. LAUDERDALE, FL 33305	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	V P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCELMEED, PATRICK		NAME	James Gulluscio	
STREET ADDRESS	2029 N OCEAN BLVD, 306		STREET ADDRESS	2029 N. Ocean Blvd # 409	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305		CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Sect.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, ANGELA		NAME	Katherine Willoughby	
STREET ADDRESS	2029 N OCEAN BLVD #308		STREET ADDRESS	2029 N. Ocean, Blvd #3407	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305		CITY-ST-ZIP	FL LAUDERDALE, FL 33305	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	TRCA.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, BALTAS		NAME	Steven Palasay	
STREET ADDRESS	2029 N. OCEAN BLVD #308		STREET ADDRESS	2029 N. OCEAN BLVD # 205	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305		CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	James Brund Dir	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EABAY, WOLLY		NAME		
STREET ADDRESS	2029 N. OCEAN BLVD #108		STREET ADDRESS	2029 N. OCEAN BLVD # 109	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305		CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Kathleen Jenkins</i>			Date: 01/26/07 Daytime Phone #: 954-344-6347		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					