

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751441

FILED
Jan 23, 2009
Secretary of State

Entity Name: TRADEWINDS BY THE SEA, INC.

Current Principal Place of Business:

2029 NORTH OCEAN BLVD.
FORT LAUDERDALE, FL 33305

New Principal Place of Business:

Current Mailing Address:

1750 UNIVERSITY DR.
205
POMPANO BEACH, FL 33071

New Mailing Address:

FEI Number: 59-2003419 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIFT MGMT. SOULTIONS
1750 UNIVERSITY DR.
#205
POMPANO BEACH, FL 33071 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TAYLOR, DWIGHT
Address: 2029 N. OCEAN BLVD. 203
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: S () Delete
Name: WILLOUGHBY, KATHERINE
Address: 2029 N. OCEAN BLVD. 404
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: VP () Delete
Name: GULLUSCIO, JAMES
Address: 2029 N. OCEAN BLVD. 409
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: T () Delete
Name: PALASAY, STEVEN
Address: 2029 N. OCEAN BLVD 205
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: D () Delete
Name: BRUNO, JAMES
Address: 2029 N. OCEAN BLVD 109
City-St-Zip: FORT LAUDERDALE, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOSS, BARBARA
Address: 2029 N. OCEAN BLVD. 206
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA MOSS

P

01/23/2009

Electronic Signature of Signing Officer or Director

_____ Date