

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726310

Entity Name: TRADE WINDS OF POMPANO ASSOCIATION, INC.**Current Principal Place of Business:**1009 N OCEAN BOULEVARD
OFFICE
POMPANO BEACH, FL 33062**Current Mailing Address:**1009 N OCEAN BOULEVARD
OFFICE
POMPANO BEACH, FL 33062 US**FEI Number: 59-1562865****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**VASSOS, JOHN
1009 N. OCEAN BLVD.
#401
POMPANO BEACH, FL 33062 US*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:** JOHN VASSOS**03/22/2013**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title P
Name VASSOS, JOHN
Address 1009 N. OCEAN BLVD #801
City-State-Zip: POMPANO BEACH FL 33062Title VP
Name DIGBY, JACK
Address 1009 N. OCEAN BLVD. #506
City-State-Zip: POMPANO BEACH FL 33062Title D
Name GAUGHRAN, MINNIE
Address 1009 N. OCEAN BLVD. #507
City-State-Zip: POMPANO BEACH FL 33062Title S
Name DAMUSIS, GEORGE
Address 1009 N. OCEAN BLVD. #411
City-State-Zip: POMPANO BEACH FL 33062Title T
Name LUPO, JAMES
Address 1009 N. OCEAN BLVD #407
City-State-Zip: POMPANO BEACH FL 33062Title D
Name RUSSO, GUISEPPINA
Address 1009 N. OCEAN BLVD. #808
City-State-Zip: POMPANO BEACH FL 33062Title DIRECTOR
Name FARATRO, JOHN
Address 1009 N. OCEAN BLVD.3309
City-State-Zip: POMPANO BEACH FL 33062

I hereby 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 all other like empowered.

SIGNATURE: JOHN VASSOS**PRESIDENT****03/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date