

2020 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:** No**Name and Address of Current Registered Agent:**VASSOS, JOHN
1009 N. OCEAN BLVD.
#801
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

05/11/2020

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 33062

Title	VP
Name	DIGBY, JACK
Address	1009 N. OCEAN BLVD. #506
City-State-Zip:	POMPANO BEACH FL 33062

Title	TREASURER
Name	MICHELLE, DENISE
Address	1009 N. OCEAN BLVD. UNIT 810
City-State-Zip:	POMPANO BEACH FL 33062

Title	DIRECTOR
Name	FATIGATE, RALPH
Address	1009 N. OCEAN BLVD #210
City-State-Zip:	POMPANO BEACH FL 33062

Title	SECRETARY
Name	CARDENA, JAVIER
Address	1009 N. OCEAN BLVD.#809
City-State-Zip:	POMPANO BEACH FL 33062

Title	DIRECTOR
Name	SERGIO, MANZI
Address	1009 N OCEAN BOULEVARD OFFICE
City-State-Zip:	POMPANO BEACH FL 33062

Title	DIRECTOR
Name	THOMAS, SALIERNO
Address	1009 N. OCEAN BLVD
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

P

05/11/2020

Electronic Signature of Signing Officer/Director Detail

Date