

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751441

FILED
Feb 12, 2025
Secretary of State
0656298825CC

Entity Name: TRADEWINDS BY THE SEA, INC.

Current Principal Place of Business:

2029 NORTH OCEAN BLVD
FORT LAUDERDALE, FL 33305

Current Mailing Address:

C/O AMERICA'S COMMUNITY MANAGEMENT INC
PO BOX 741033
BOYNTON BEACH, FL 33474 US

FEI Number: 59-2003419

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AMERICA'S COMMUNITY MANAGEMENT INC.
4733 W ATLANTIC AVE
SUITE C-22
DELRAY BEACH, FL 33445 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: VLADIMIR G. DIAZ

02/12/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, VP
Name KOOL, ANGELA
Address C/O AMERICA'S COMMUNITY
MANAGEMENT INC
PO BOX 741033
City-State-Zip: BOYNTON BEACH FL 33474

Title DIRECTOR
Name COLLINS, RONALD
Address C/O AMERICA'S COMMUNITY
MANAGEMENT INC
PO BOX 741033
City-State-Zip: BOYNTON BEACH FL 33474

Title DIRECTOR, SECRETARY,
TREASURER
Name PALASAY, STEVEN
Address C/O AMERICA'S COMMUNITY
MANAGEMENT INC
PO BOX 741033
City-State-Zip: BOYNTON BEACH FL 33474

Title DIRECTOR, PRESIDENT
Name REPPUCCI, JOHN
Address C/O AMERICA'S COMMUNITY
MANAGEMENT INC
PO BOX 741033
City-State-Zip: BOYNTON BEACH FL 33474

Title DIRECTOR
Name CHAD, BETHEL
Address C/O AMERICA'S COMMUNITY
MANAGEMENT INC
PO BOX 741033
City-State-Zip: BOYNTON BEACH FL 33474

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 REPPUCCI

PRESIDENT

02/12/2025

Electronic Signature of Signing Officer/Director Detail

Date