

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000004316

**Entity Name:** TRADEWINDS RESORT SPECIALISTS CENTRAL FLORIDA ,  
INC.

**FILED**  
**Mar 23, 2015**  
**Secretary of State**  
**CC6010215838**

**Current Principal Place of Business:**

6019 SOUTH ORANGE AVENUE  
ORLANDO, FL 32809

**Current Mailing Address:**

6019 SOUTH ORANGE AVENUE  
ORLANDO, FL 32809 US

**FEI Number: 27-1697019**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CROTTY, PETER  
6019 SOUTH ORANGE AVENUE,  
ORLANDO, FL 32809 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

|                 |                          |                 |                          |
|-----------------|--------------------------|-----------------|--------------------------|
| Title           | PVST                     | Title           | D                        |
| Name            | CROTTY, PETER            | Name            | CROTTY, PETER            |
| Address         | 6019 SOUTH ORANGE AVENUE | Address         | 6019 SOUTH ORANGE AVENUE |
| City-State-Zip: | ORLANDO FL 32809         | City-State-Zip: | ORLANDO FL 32809         |

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PETER CROTTY**

**PRESIDENT**

**03/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date