

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000000019

**Entity Name:** TROPICAL WINDS, INC.

**Current Principal Place of Business:**

4819 TRADEWINDS DRIVE  
SANIBEL, FL 33957

**Current Mailing Address:**

592 LIGHTHOUSE WAY  
SANIBEL, FL 33957 US

**FEI Number:** 65-0731896

**Certificate of Status Desired:** Yes

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

SPILLANE, LOWELL T  
592 LIGHTHOUSE WAY  
SANIBEL, FL 33957 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	VPS	Title	P
Name	SPILLANE, SUSAN G	Name	SPILLANE, LOWELL T
Address	3038 SHELBURNE RD	Address	592 LIGHTHOUSE WAY
City-State-Zip:	SHELBURNE VT 05482	City-State-Zip:	SANIBEL FL 33957

*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:** SPILLANE , LOWELL T

**PRESIDENT**

**01/27/2023**

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

\_\_\_\_\_  
Date