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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 7:11

DOCUMENT # 721216 (0)

1. Corporation Name

THE TRADEWINDS APARTMENTS OF MARCO ISLANDS, INC.

Principal Place of Business	Mailing Address
MARCO ISLAND INC 180 SEAVIEW COURT MARCO ISLAND FL 33907	MARCO ISLAND INC 180 SEAVIEW COURT MARCO ISLAND FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1971
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-1501638 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

~~FALK, STEVEN E~~ Joseph E Adams
3003 TAMIAMI TRAIL, N.
STE. 100
NAPLES FL 33940

Joseph E Adams

10. Name and Address of New Registered Agent

81 Name: Joseph E. Adams
82 Street Address (P.O. Box Number is Not Acceptable): 3003 TAMIAMI TRAIL, North
83: SUITE 100
84 City: NAPLES FL 85 Zip Code: 33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Joseph E Adams 3/21/95 2/21/95
Signature, typed or printed name of registered agent and date as applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☐ Change ☐ Addition
NAME	CUTLER, NATHANIEL	12 NAME	CUTLER, Nathaniel	
STREET ADDRESS	19 ROUND COVE RD.	13 STREET ADDRESS	19 Round Cove RD	
CITY-ST-ZIP	CHATHAM MA	14 CITY-ST-ZIP	Chatham MA	
TITLE	VP	21 TITLE	VP	☐ Change ☐ Addition
NAME	FONTE, PETE	22 NAME	FONTE, PETE	
STREET ADDRESS	2309 S. 7TH AVE., N.	23 STREET ADDRESS	2309 S. 7th Ave, N.	
CITY-ST-ZIP	N. RIVERSIDE FL	24 CITY-ST-ZIP	N. Riverside FL	
TITLE	S	31 TITLE	S	☐ Change ☐ Addition
NAME	CALTABIANO, OLGA	32 NAME	CALTABIANO, OLGA	
STREET ADDRESS	180 SEAVIEW COURT #217	33 STREET ADDRESS	180 Seaview Ct # 217	
CITY-ST-ZIP	MARCO ISLAND FL	34 CITY-ST-ZIP	Marco Island FL	
TITLE	T	41 TITLE	T	☐ Change ☐ Addition
NAME	SHORE, ROBERT	42 NAME	Shore, Robert	
STREET ADDRESS	P.O. BOX 2564	43 STREET ADDRESS	P.O. Box 2564 NW	
CITY-ST-ZIP	KENNEBUNK PORT ME	44 CITY-ST-ZIP	Kennebunk Port, ME	
TITLE	D	51 TITLE	D	☐ Change ☐ Addition
NAME	LIVINGSTON, ROY	52 NAME	Livingston, Roy	
STREET ADDRESS	R.D. 2	53 STREET ADDRESS	RD 2	
CITY-ST-ZIP	OGDENSBURG NY	54 CITY-ST-ZIP	Ogdensburg, NY	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	BRUNN, PHYLLIS	62 NAME	Brunn, Phyllis	
STREET ADDRESS	1007 EAGLES CHASE DR.	63 STREET ADDRESS	180 Seaview Ct # 602	
CITY-ST-ZIP	LAWRENCEVILLE NJ	64 CITY-ST-ZIP	Marco Island, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2/22/95 (813) 394-7195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #