

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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 33937

MARCO ISLAND INC
180 SEAVIEW COURT
MARCO ISLAND FL 33937

3. Date Incorporated or Qualified

06/23/1971

3a. Date of Last Report

03/29/1995

2. Principal Place of Business

2a. Mailing Address

21 **180 Seaview Court**

26 **180 Seaview Court**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **Marco Island, FL**

27 City & State

28 **Marco Island, FL**

24 **34145** 25

Country

29 **34145** 30

Country

4. FEI Number

59-1501638

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**ADAMS, JOSEPH E.
3003 TAMiami TRAIL, N.
STE. 100
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CUTLER, NATHANIEL	
STREET ADDRESS	19 ROUND COVE RD.	
CITY-ST-ZIP	CHATHAM MA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FONTE, PETE	
STREET ADDRESS	2309 S. 7TH AVE., N.	
CITY-ST-ZIP	N. RIVERSIDE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CALTABIANO, OLGA	
STREET ADDRESS	180 SEAVIEW COURT #217	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SHORE, ROBERT	
STREET ADDRESS	P.O. BOX 2564	
CITY-ST-ZIP	KENNEBUNK PORT ME	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LIVINGSTON, ROY	
STREET ADDRESS	R.D. 2	
CITY-ST-ZIP	OGDENSBURG NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRUNN, PHYLLIS	
STREET ADDRESS	180 SEAVIEW CT #602	
CITY-ST-ZIP	MARCO ISLAND FL	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Leogrande	
1.3 STREET ADDRESS	308 Washington Drive	
1.4 CITY-ST-ZIP	New Hartford, NY 13413	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	60456	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	34145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS	P.O. Box 2564 N/A	
4.4 CITY-ST-ZIP	04046	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Joseph Hylva	
5.3 STREET ADDRESS	49 Bushy Run Road	
5.4 CITY-ST-ZIP	Jeannette, PA 15644	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Richard Meloney	
6.3 STREET ADDRESS	180 Seaview Ct #200	
6.4 CITY-ST-ZIP	Marco Island, FL 34145	

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)(k), 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: *Pete Fonte*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/27/96** Daytime Phone #: **941-642-4404**

Bank deposit # **101.25**

CR2E037 (12/95)