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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721216 (0)
1. Corporation Name
THE TRADEWINDS APARTMENTS OF MARCO ISLANDS, INC.



Principal Place of Business 180 SEAVIEW CT. MARCO ISLAND FL 34145	Mailing Address 180 SEAVIEW CT. MARCO ISLAND FL 34145-3302
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3. Date Incorporated or Qualified 06/23/1971	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1501638	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	President (P)
NAME	LEOGRANDE, JOHN	1.2 NAME	
STREET ADDRESS	308 WASHINGTON DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HARTFORD NY 03413	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	Director (D)
NAME	FRONTE, PETE	2.2 NAME	
STREET ADDRESS	2309 S. 7TH AVE., N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. RIVERSIDE FL 60456	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	CALTABIANO, OLGA	3.2 NAME	
STREET ADDRESS	180 SEAVIEW COURT #217	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	SHORE, ROBERT	4.2 NAME	
STREET ADDRESS	P.O. BOX 2564 (N/A)	4.3 STREET ADDRESS	
CITY-ST-ZIP	KENNEBUNK PORT ME 04046	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Vice-President (VP)
NAME	HYLVA, JOSEPH	5.2 NAME	
STREET ADDRESS	49 BUSHY RUN RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JEANNETTEG PA 15644	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MELONEY, RICHARD	6.2 NAME	
STREET ADDRESS	180 SEAVIEW CT. #200	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: _____ DATE: 2-21-97 DAYTIME PHONE #: 647-7935

CR2E037 (9/96)