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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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
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3. Date Incorporated or Qualified 06/23/1971	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1501638	

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

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LEOGRANDE, JOHN	
STREET ADDRESS	308 WASHINGTON DR.	
CITY-ST-ZIP	NEW HARTFORD NY	
TITLE	D	<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 34145	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SHORE, ROBERT	
STREET ADDRESS	P.O. BOX 2584 (N/A)	
CITY-ST-ZIP	KENNEBUNK PORT ME 04046	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HYLVA, JOSEPH	
STREET ADDRESS	49 BUSHY RUN RD.	
CITY-ST-ZIP	JEANNETTEG PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUVAL, LARRY	
STREET ADDRESS	117 WALNUT STREET	
CITY-ST-ZIP	LEOMINSTER MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S Cucinella, Diann
3.3 STREET ADDRESS	180 Seaview Court #1206
3.4 CITY-ST-ZIP	Marco Island, FL 34145
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T Basile, Rene
4.3 STREET ADDRESS	180 Seaview Court #317
4.4 CITY-ST-ZIP	Marco Island, FL 34145
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **3-2-98** DAYTIME PHONE: **941-642-1142**

CR2E037 (10/97)