


FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90144 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 721216

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/23/1971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1501638	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ADAMS, JOSEPH E. 3003 TAMiami TRAIL, N. STE. 100 NAPLES FL 33940				81 Name			
<i>Keeping this Agent</i>				82 Street Address / P.O. Box Number (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 the 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 _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LEOGRANDE, JOHN			1.2 NAME			
STREET ADDRESS	308 WASHINGTON DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	NEW HARTFORD NY			1.4 CITY-ST-ZIP	13413		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FRONTE, PETE			2.2 NAME			
STREET ADDRESS	2309 S. 7TH AVE., N.			2.3 STREET ADDRESS	2316 South 3rd Avenue		
CITY-ST-ZIP	N. RIVERSIDE FL			2.4 CITY-ST-ZIP	N. Riverside, FL 60546		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CUCINELLA, DIANN			3.2 NAME			
STREET ADDRESS	180 SEAVIEW COURT., #1206			3.3 STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND FL 34145			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BASILE, RENE			4.2 NAME	BASILE		
STREET ADDRESS	180 SEAVIEW COURT., #317			4.3 STREET ADDRESS			
CITY-ST-ZIP	KENNEBUNK PORT ME 04046			4.4 CITY-ST-ZIP	MARCO ISLAND, FL 34145		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HYLVA, JOSEPH			5.2 NAME	McCormick, William		
STREET ADDRESS	48 BUSHY RUN RD.			5.3 STREET ADDRESS	3066 Kan- Road, Apt 4-B		
CITY-ST-ZIP	JEANNETTE PA			5.4 CITY-ST-ZIP	Stow, Ohio 44224-4440		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DUVAL, LARRY			6.2 NAME	VP		
STREET ADDRESS	117 WALNUT STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	LEOMINISTER MA			6.4 CITY-ST-ZIP			01453-3117

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

René L Basile

4-12-99

941-394-7195

CR2E037 (1/98)