

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90055 041 ****61.25

DOCUMENT # 721216

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1501638

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **P** Delete
 NAME: **LEOGRANDE, JOHN**
 STREET ADDRESS: **308 WASHINGTON DR.**
 CITY-ST-ZIP: **NEW HARTFORD NY**

TITLE: **D** Change Addition
 NAME: **Robert Blow**
 STREET ADDRESS: **PO Box 105**
 CITY-ST-ZIP: **Glover, VT 05839**

TITLE: **D** Delete
 NAME: **FONTE, PETE**
 STREET ADDRESS: **2816 S. 3RD AVE**
 CITY-ST-ZIP: **N. RIVERSIDE IL 60546**

TITLE: **D** Change Addition
 NAME: **Melvin Kelley**
 STREET ADDRESS: **3825 Keyway Drive**
 CITY-ST-ZIP: **Greenwood, IN 46143-9353**

TITLE: **S** Delete
 NAME: **CUCINELLA, DIANN**
 STREET ADDRESS: **180 SEAVIEW COURT., #1206**
 CITY-ST-ZIP: **MARCO ISLAND FL 34145**

TITLE: **T** Change Addition

TITLE: **T** Delete
 NAME: **BASILE, RENE**
 STREET ADDRESS: **180 SEAVIEW COURT., #317**
 CITY-ST-ZIP: **MARCO ISLAND FL 34145**

TITLE: **P** Change Addition

TITLE: **D** Delete
 NAME: **MCCORMICK, WILLIAM**
 STREET ADDRESS: **3066 KONE RD- #4B**
 CITY-ST-ZIP: **STOW OH 44224-4440**

TITLE: **S** Change Addition
 NAME: **3066 Kent RD- #4B**
 CITY-ST-ZIP: **01453-3117**

TITLE: **VP** Delete
 NAME: **DUVAL, LARRY**
 STREET ADDRESS: **117 WALNUT STREET**
 CITY-ST-ZIP: **LEOMINISTER MA**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Diann Cucinella
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-00

Date

941-394-7195

Daytime Phone #

CR2E037 (9/99)