

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90138 021 ****61.25

DOCUMENT # 721216

1. Entity Name

THE TRADEWINDS APARTMENTS OF MARCO ISLANDS, INC.

Principal Place of Business

Mailing Address

**180 SEAVIEW CT.
 MARCO ISLAND FL 34145**

**180 SEAVIEW CT.
 MARCO ISLAND FL 34145**

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 Delete
 NAME **D BLOW, ROBERT**
 STREET ADDRESS **P O BOX 105**
 CITY-ST-ZIP **GLOVER VT 05839**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D KELLEY, MELVIN**
 STREET ADDRESS **3825 KEYWAY DR**
 CITY-ST-ZIP **GREENWOOD IN 46143-9353**

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

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

TITLE Change Addition
 NAME **D Cucinella, Diann**
 STREET ADDRESS **180 Seaview Ct. #1206**
 CITY-ST-ZIP **Marco Island, FL 34145**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **S Griffin, Norma**
 STREET ADDRESS **180 Seaview Court #413**
 CITY-ST-ZIP **Marco Island, FL 34145**

TITLE Delete
 NAME **VP DUVAL, LARRY**
 STREET ADDRESS **117 WALNUT STREET**
 CITY-ST-ZIP **LEOMINSTER MA 01453-3117**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Melvin Kelley*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/01 394 7195
 Date Daytime Phone #

CR2E037 (10/00)