

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90094 016 ****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

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	D	<input type="checkbox"/> Delete
NAME	BLOW, ROBERT	
STREET ADDRESS	P O BOX 105	
CITY-ST-ZIP	GLOVER VT 05839	
TITLE	T	<input type="checkbox"/> Delete
NAME	KELLEY, MELVIN	
STREET ADDRESS	3825 KEYWAY DR	
CITY-ST-ZIP	GREENWOOD IN 46143-9353	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CUCINELLA, DIANN	
STREET ADDRESS	180 SEAVIEW COURT., #1206	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	P	<input type="checkbox"/> Delete
NAME	BASILE, RENE	
STREET ADDRESS	180 SEAVIEW COURT., #317	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRIFFIN, NORMA	
STREET ADDRESS	180 SAAVIEW COURT #413	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DUVAL, LARRY	
STREET ADDRESS	117 WALNUT STREET	
CITY-ST-ZIP	LEOMINSTER MA 01453-3117	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cucinella, Joseph	
STREET ADDRESS	180 Seaview Ct. #1206	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

Melvin W. Kelley

03/15/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

ATTACHMENT

DOC# 721216

347884

D
BESLER, RUDOLPH
153 RIDGEMONT ROAD
GROSSE POINTE FARMS, MI 48236