

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 08, 2004 08:00 AM  
Secretary of State

DOCUMENT # 721216

1. Entity Name

THE TRADEWINDS APARTMENTS OF MARCO ISLAND,  
INC.



Principal Place of Business

180 SEAVIEW CT.  
MARCO ISLAND FL 34145

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

59-1501638

Applied For

Not Applicable

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.  
BANK OF AMERICA CENTER  
4501 TAMiami TRAIL NORTH, SUITE 214  
NAPLES FL 34103-0000

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

TITLE D ☐ Delete  
NAME CUCINELLA, JOSEPH  
STREET ADDRESS 180 SEAVIEW COURT., #1206  
CITY-ST-ZIP MARCO ISLAND FL 34145

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

TITLE S ☐ Delete  
NAME GRIFFIN, NORMA  
STREET ADDRESS 180 SAAVIEW COURT #413  
CITY-ST-ZIP MARCO ISLAND FL 34145

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME U00000079969  
STREET ADDRESS 03/08/04-80090-002 61.25  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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)(f), 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:

*Larry Duval*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-04