

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90005 012 \*\*\*\*61.25



**DOCUMENT # 721216**  
 1. Entity Name  
**THE TRADEWINDS APARTMENTS OF MARCO ISLAND, INC.**

Principal Place of Business      Mailing Address  
**180 SEAVIEW CT.**      **180 SEAVIEW CT.**  
**MARCO ISLAND FL 34145**      **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



1st MOORE      CR2E037 (10/05)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	<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	3025 KEYWAY DR 5066 Morton PLACE	
CITY-ST-ZIP	GREENWOOD IN 46143-9333 CARMEL, IN 46033	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINSLOW, FRANCIS	
STREET ADDRESS	180 SEAVUEW CT #411	
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 checked="" type="checkbox"/> 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		<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		<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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kudolph Berler	
STREET ADDRESS	153 Ridge Mont Rd.	
CITY-ST-ZIP	Grasse Pointe, MI 48236	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Lil' Paula*

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