

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90044 026 \*\*\*\*61.25

**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 - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country



1st MOORE CR2E037 (10/07)

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**  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW. FEE IS \$61.25**  
**Due By May 1, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: S NAME: BLOW, ROBERT STREET ADDRESS: P O BOX 105 CITY-ST-ZIP: GLOVER VT 05839	<input type="checkbox"/> Delete	TITLE: V.P. NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: KELLEY, MELVIN STREET ADDRESS: 20 WAWWINNET AVE CITY-ST-ZIP: WATCH HILL RI 02891	<input checked="" type="checkbox"/> Delete	TITLE: T NAME: Robert Brockmann STREET ADDRESS: 20 Wawwinnet Ave. CITY-ST-ZIP: Watch Hill RI 02891	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: WINSLOW, FRANCIS STREET ADDRESS: 180 SEAVIEW CT #411 CITY-ST-ZIP: MARCO ISLAND FL 34145	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: BASILE, RENE STREET ADDRESS: 180 SEAVIEW COURT., #317 CITY-ST-ZIP: MARCO ISLAND FL 34145	<input type="checkbox"/> Delete	TITLE: Director NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: KAPLAN, RICHARD STREET ADDRESS: 7831 NW 157 ST #102 CITY-ST-ZIP: ORLAND PARK IL 60462	<input type="checkbox"/> Delete	TITLE: Director NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: BESLER, RUDOLPH STREET ADDRESS: 153 RIDGEMONT RD CITY-ST-ZIP: GROSSE POINTE MI 48236	<input type="checkbox"/> Delete	TITLE: P NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Susan M. Niwinski Date: 3/4/08 239-394-7195