

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721216

FILED
Mar 02, 2009
Secretary of State

Entity Name: THE TRADEWINDS APARTMENTS OF MARCO ISLAND, INC.

Current Principal Place of Business:

180 SEAVIEW CT.
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

180 SEAVIEW CT.
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 59-1501638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
ATTN: JOSEPH ADAMS
999 VANDERBILT BEACH RD. SUITE 501
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BLOW, ROBERT
Address: P O BOX 105
City-St-Zip: GLOVER, VT 05839

Title: T () Delete
Name: BROCKMANN, ROBERT
Address: 20 WAWWINNET AVE
City-St-Zip: WATCH HILL, RI 02891

Title: TS () Delete
Name: WINSLOW, FRANCIS
Address: 180 SEAVIEW CT #411
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: BASILE, RENE
Address: 180 SEAVIEW COURT., #317
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: KAPLAN, RICHARD
Address: 7831 NW 157 ST #102
City-St-Zip: ORLAND PARK, IL 60462

Title: P () Delete
Name: BESLER, RUDOLPH
Address: 153 RIDGEMONT RD
City-St-Zip: GROSSE POINTE, MI 48236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCGREEVY, WILLIAM
Address: 3500 SO. KIWANIS AVE, STE.101
City-St-Zip: SIOUX FALLS, SD 57105

Title: VP/T (X) Change () Addition
Name: BROCKMANN, ROBERT
Address: 20 WAWWINNET AVE
City-St-Zip: WATCH HILL, RI 02891

Title: TS (X) Change () Addition
Name: WINSLOW, FRANCIS
Address: 180 SEAVIEW CT #411
City-St-Zip: MARCO ISLAND, FL 34145

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Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN M. NIWINSKI

MGR

03/02/2009

Electronic Signature of Signing Officer or Director

_____ Date