

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90047 001 \*\*\*\*61.25

**DOCUMENT # 718809**

1. Entity Name

SOUTHWIND APARTMENTS OF MARCO ISLAND, INC.



Principal Place of Business

130 N. COLLIER BLVD  
MARCO ISLAND FL 34145  
US

Mailing Address

P.O. BOX 2397  
MARCO ISLAND FL 34146  
US

00014400



1st MOORE

CR2E037 (10/04)

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

59-1323311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TONY ANDRADE  
601 ELKCAM CIRCLE  
MARCO ISLAND FL 34145

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

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, 2005**

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 NAME	DT EMERSON, NORA	<input type="checkbox"/> Delete
STREET ADDRESS	34 JEFFERSON ROAD	
CITY-ST-ZIP	FORESTBURGH NY 12777	
TITLE NAME	D SWEENEY, BOB	<input type="checkbox"/> Delete
STREET ADDRESS	41 RAMBLER ROAD	
CITY-ST-ZIP	ATTLEBORA MA 01703	
TITLE NAME	D KNEEBONE, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS	130 N. COLLIER BLVD. #D8	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE NAME	D HALL, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS	148 RIVULET STREET	
CITY-ST-ZIP	UXBRIDGE MA 01569	
TITLE NAME	DS ADRIAN, DEBBORA	<input type="checkbox"/> Delete
STREET ADDRESS	1249 JAMAICA ROAD	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE NAME	DP WALSH, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	76 BLACK PLAIN ROAD	
CITY-ST-ZIP	NORTH SMITHFIELD RI 02896	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	KEN COOK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	13 ANDRE DRIVE	
CITY-ST-ZIP	HIGHLAND MILLS, NY. 10930	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Diana*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-05

Date

239-642-8872

Daytime Phone #