

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # Z18809

1. Entity Name  
SOUTHWIND APARTMENTS OF MARCO ISLAND, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY -6 AM 11:35

Principal Place of Business  
130 N. COLLIER BLVD  
MARCO ISLAND, FL 34145 US

Mailing Address  
P.O. BOX 2397  
MARCO ISLAND, FL 34146 US



04172008 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-1323311

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

601 TONY ANDRADE  
601 ELKCAM CIRCLE  
MARCO ISLAND, FL 34145  
MARCO ISLAND, FL

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.

600125431426  
05/14/08--01007--007 \*\*122.50

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 \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT EMERSON, NORA 34 JEFFERSON ROAD FORESTBURGH, NY 12777	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, KEN 130 N COLLIER BLVD B1 MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNEEDONE, STEVE 130 N. COLLIER BLVD. #D8 MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, BARBARA 148 RIVULET STREET UXBRIDGE, MA 01569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ADRIAN, DEBBORA 1249 JAMAICA ROAD MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALSH, WILLIAM 76 BLACK PLAIN ROAD NORTH SMITHFIELD, RI 02896	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Schwoeppe, Eric 3375 Rocky Hill Dr. Hamilton, OH 45013	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Coakley, Thomas 638 Thornburg Pl Tipp City, OH 45371	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kneebone, Steve 130 N. Collier Blvd D8 Marco Island, FL 34145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hall, Barbara 148 Rivulet St. Uxbridge, MA 01569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Anhalt, Ed 9905 S. Massachusetts Ave. Oaklawn, IL 60453	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B B... 5/8/08	<input 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 Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

425-08