

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90208 040 \*\*\*\*61.25

<b>DOCUMENT # 732797</b> 1. Entity Name <b>MARCO ISLAND TAXPAYERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>1558 HEIGHTS CT MARCO ISLAND, FL 34145 US</b>			Mailing Address <b>PO BOX 1263 MARCO ISLAND, FL 34146 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>SCUDERI, SALVATORE C 571 S COLLIER BLVD MARCO ISLAND, FL 34145</b>				7. Name and Address of New Registered Agent Name <b>ROBERT DUKLAUER</b> Street Address (P.O. Box Number is Not Acceptable) <b>1360 QUINTANA CT. MARCO IS, FL</b> City <b>FL</b> State Code <b>34145</b>	
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 <u><i>Robert Duklauwer</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>4/23/05</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BILES, FAY R</b> <b>1588 HEIGHTS CT</b> <b>MARCO ISLAND, FL 34145</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROMAN CHARLETTE</b> <b>348 COLONIAL AVE</b> <b>MARCO ISLAND FL 34145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MERRITT, JEAN</b> <b>265 WATERSIDE CIR. #102</b> <b>MARCO ISLAND, FL 34145</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ZWERIN LEE FLETCHER</b> <b>468 CHAPRI CT</b> <b>MARCO ISLAND, FL 34145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DUNCAN, BILL</b> <b>161 GREENVIEW ST</b> <b>MARCO ISLAND, FL 34145</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LANG JAMES</b> <b>836 SATURN CT</b> <b>MARCO ISLAND FL 34145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PP</b> <b>BILES, FAYE R</b> <b>1588 HEIGHTS CT</b> <b>MARCO ISLAND, FL 34145</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORTON CLARIE</b> <b>PO BOX 805</b> <b>MARCO ISLAND FL 34146</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REYNOLDS, JOYCE</b> <b>1559 BUCCANEER CY</b> <b>MARCO ISLAND, FL 34145</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MUELLER GIL</b> <b>541 BLACKMORE CT</b> <b>MARCO ISLAND FL 34145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BLANEY, ART</b> <b>1140 TWIN OAK CT</b> <b>MARCO ISLAND, FL 34145</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PENN PRISCILLA</b> <b>1079 COTTONWOOD CT</b> <b>MARCO ISLAND FL 34145</b>
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: <u><i>Jay R. Biles</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>4/23/05</b> <b>239 394 3089</b> <small>Date Daytime Phone #</small>	