FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **739145** **(1)**

1. Corporation Name

MARCO ISLAND AREA ASSOCIATION OF REALTORS, INC.

Principal Place of Business	Mailing Address
140 WATERWAY DRIVE P. O. BOX 547 MARCO ISLAND FL 33937 US	140 WATERWAY DRIVE P. O. BOX 547 MARCO ISLAND FL 33937 US

3. Date Incorporated or Qualified: **05/24/1977**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-1872802** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

PERCEL, GEORGE
140 WATERWAY DR
SUITE 1
MARCO ISLAND FL 33937

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	MILES, BRUCE	
STREET ADDRESS	847 N COLLIER BLVD	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	VP	☐ DELETE
NAME	PERCEL, GEORGE	
STREET ADDRESS	140 WATERWAY DR	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	PVD	☐ DELETE
NAME	OYER, STEVE	
STREET ADDRESS	678 A BALD EAGLE DR	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	SD	☒ DELETE
NAME	LAZARUS, MARIANNE	
STREET ADDRESS	1000 N COLLIER SUITE 1	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	TD	☐ DELETE
NAME	DUFAULT, DAN	
STREET ADDRESS	847 N COLLIER BLVD	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	PD	☒ Change ☐ Addition
1 2 NAME	Steve Oyer	
1 3 STREET ADDRESS	678-A Bald Eagle Dr.	
1 4 CITY-ST-ZIP	Marco Island, FL 33937	
2 1 TITLE	SD	☐ Change ☒ Addition
2 2 NAME	Peg Miller Gorgens	
2 3 STREET ADDRESS	847 N. Collier Blvd.	
2 4 CITY-ST-ZIP	Marco Island, FL 33937	
3 1 TITLE	PVD	☐ Change ☒ Addition
3 2 NAME	Mark Charle	
3 3 STREET ADDRESS	222 Royal Palm Dr.	
3 4 CITY-ST-ZIP	Marco Island, FL 33937	
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96
Date

(941)394-5616
Daytime Phone #