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FILED
Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739145** (1)
1. Corporation Name
MARCO ISLAND AREA ASSOCIATION OF REALTORS, INC.



Principal Place of Business 140 WATERWAY DRIVE P. O. BOX 547 MARCO ISLAND FL 33937 US	Mailing Address 140 WATERWAY DRIVE P. O. BOX 547 MARCO ISLAND FL 34146-0547 US
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3. Date Incorporated or Qualified 05/24/1977	3a. Date of Last Report 01/26/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1872802	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PERCEL, GEORGE 140 WATERWAY DR SUITE F MARCO ISLAND FL 33937	
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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	34145

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	GORGENS, PEG M
STREET ADDRESS	847 N COLLIER BLVD
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	PERCEL, GEORGE
STREET ADDRESS	140 WATERWAY DR
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	PVD <input type="checkbox"/> DELETE
NAME	OYER, STEVE
STREET ADDRESS	678 A BALD EAGLE DR
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	PVD <input type="checkbox"/> DELETE
NAME	CHARDE, MARK
STREET ADDRESS	222 ROYAL PALM DR
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	DUFAULT, DAN
STREET ADDRESS	847 N COLLIER BLVD
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Susan Ackerson
1.3 STREET ADDRESS	847 N. Collier Blvd.
1.4 CITY-ST-ZIP	Marco Island, FL 34145
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Richard Shanahan
3.3 STREET ADDRESS	900 N. Collier Blvd.
3.4 CITY-ST-ZIP	Marco Island, FL 34145
4.1 TITLE	PVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Priscilla Kellerhouse
4.3 STREET ADDRESS	678-A Bald Eagle Dr.
4.4 CITY-ST-ZIP	Marco Island, FL 34145
5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Maurice Dailey
5.3 STREET ADDRESS	599 S. Collier Blvd #214
5.4 CITY-ST-ZIP	Marco Island, FL 34145
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97
Date

941/344-5616
Daytime Phone # **0060683**

CR2E037 (9/96)