FILE NOW: FILING FEE IS $61.25

FILED
Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 delete	Suite, Apt. #, etc. 27 delete
City & State 23	City & State 28
Zip 24 34145	Zip 29 34145
Country 25	Country 30

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	ACKERSON, SUSAN		1.2 NAME	TODD, RITA	
STREET ADDRESS	847 N. COLLIER BLVD.		1.3 STREET ADDRESS	599 S. COLLIER BLVD #214	
CITY-ST-ZIP	MARCO ISLAND FL		1.4 CITY-ST-ZIP	MARCO ISLAND, FL	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PERCEL, GEORGE		2.2 NAME		
STREET ADDRESS	140 WATERWAY DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	SHANAHAN, RICHARD		3.2 NAME	COMPTON, BARBARA	
STREET ADDRESS	900 N. COLLIER BLVD.		3.3 STREET ADDRESS	599 S. COLLIER BLVD #214	
CITY-ST-ZIP	MARCO ISLAND FL		3.4 CITY-ST-ZIP	MARCO ISLAND, FL	
TITLE	PVD	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	KELLERHOUSE, PRISCILLA		4.2 NAME		
STREET ADDRESS	678-A BALD EAGLE DRIVE		4.3 STREET ADDRESS	928 N. COLLIER BLVD	
CITY-ST-ZIP	MARCO ISLAND FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DAILEY, MAURICE		5.2 NAME		
STREET ADDRESS	599 S. COLLIER BLVD., #214		5.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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] EVP GEORGE A. PERCEL 3/24/98 941/394-5616