

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739145

FILED
Mar 08, 2004
Secretary of State**Entity Name:** MARCO ISLAND AREA ASSOCIATION OF REALTORS, INC.**Current Principal Place of Business:**140 WATERWAY DRIVE
MARCO ISLAND, FL 34145 US**New Principal Place of Business:****Current Mailing Address:**140 WATERWAY DRIVE
MARCO ISLAND, FL 34145 US**New Mailing Address:****FEI Number:** 59-1872802 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PERCEL, GEORGE
140 WATERWAY DR
MARCO ISLAND, FL 34145**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** SD () Delete
Name: WALDREN, CHRISTINE
Address: 928 N COLLIER BLVD
City-St-Zip: MARCO ISLAND, FL 34145**Title:** VP () Delete
Name: PERCEL, GEORGE
Address: 140 WATERWAY DR
City-St-Zip: MARCO ISLAND, FL 34145**Title:** VD () Delete
Name: SHANAHAN, RICHARD
Address: 900 N COLLIER BLVD
City-St-Zip: MARCO ISLAND, FL 34145**Title:** PD () Delete
Name: LYON, ROBERT
Address: 900 N. COLLIER BLVD
City-St-Zip: MARCO ISLAND, FL 34145**Title:** TD () Delete
Name: ROSENBLUM, GERRY
Address: 900 N. COLLIER BLVD
City-St-Zip: MARCO ISLAND, FL 34145**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** PD (X) Change () Addition
Name: SHANAHAN, RICHARD
Address: 900 N COLLIER BLVD
City-St-Zip: MARCO ISLAND, FL 34145**Title:** PAST (X) Change () Addition
Name: LYON, ROBERT
Address: 900 N. COLLIER BLVD
City-St-Zip: MARCO ISLAND, FL 34145**Title:** TD (X) Change () Addition
Name: BARRETT, PAUL
Address: 8152 IDDLER'S CREEK PKWY
City-St-Zip: NAPLES, FL 34114**Title:** PE () Change (X) Addition
Name: CLAUSEN, ROBERT
Address: PO BOX 429
City-St-Zip: MARCO ISLAND, FL 34146

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE PERCEL

VP

03/08/2004

Electronic Signature of Signing Officer or Director

Date