

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747069 (3)

1. Corporation Name
MARCO ISLAND RESIDENTS BEACH ASSOCIATION, INC.

FILED
 27 JUN -5 AM 9:39
 TALLAHASSEE, FLORIDA



Principal Place of Business % P.O. BOX 448 MARCO ISLAND FL 33999 <i>34146</i>	Mailing Address % P.O. BOX 448 MARCO ISLAND FL 33999 <i>34146</i>
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3. Date Incorporated or Qualified 05/07/1979	
4. FEI Number 59-1945804	Applied For <input type="checkbox"/> 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 Fee	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

GREENER, EUGENE JR
950 N COLLIER BLVD, STE 400
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
85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NOBLET, RICHARD M	<i>Deceased</i>
STREET ADDRESS	P.O. BOX 1579 N/A	
CITY - ST - ZIP	MARCO ISLAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BREWER, JANN	
STREET ADDRESS	450 NASSAU CT	
CITY - ST - ZIP	MARCO ISLAND FL 33937	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ELAINE VAROSKI	<i>Resigned</i>
STREET ADDRESS	941 MONTEGO CT.	
CITY - ST - ZIP	MARCO IS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BILES, BEDFORD	
1.3 STREET ADDRESS	1588 HEIGHTS COURT	
1.4 CITY - ST - ZIP	MARCO ISLAND, FL 34145	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ITATED, HELEN	
2.3 STREET ADDRESS	105 GREENBRIAR ST.	
2.4 CITY - ST - ZIP	MARCO ISLAND, FL 34145	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	4000025546314--R	
4.3 STREET ADDRESS	--06/10/98--01051--002	
4.4 CITY - ST - ZIP	*****61.25 *****61.25	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 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 in an attachment with an address.

SIGNATURE _____ DATE _____

CR2E037 (10/97)