


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

04-21-2003 91183 041 ****61.25

DOCUMENT # 747069					
1. Entity Name MARCO ISLAND RESIDENTS BEACH ASSOCIATION, INC.					
Principal Place of Business 1588 HEIGHTS CT. - Heights Ct MARCO ISLAND FL 34145			Mailing Address 1588 HEIGHTS CT. MARCO ISLAND FL 34145		
2. Principal Place of Business 1588 Heights Ct.		3. Mailing Address 1588 Heights Ct.			
Suite, Apt. #, etc. Marco Island Fl.		Suite, Apt. #, etc.			
City & State 34145 Collier Marco Island Fl.		City & State Marco Island Fl.		4. FEI Number 59-1945804	
Zip 34145		Country Collier		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BILES, BEDFORD 1588 HEIGHTS CT. - 1588 Heights Ct. MARCO ISLAND FL 34-1455			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BILES, BEDFORD		NAME		
STREET ADDRESS	1588 HEIGHTS COURT		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL 34145		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TATEO, HELEN		NAME		
STREET ADDRESS	105 GREEN BRIAR ST		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL 34145		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERNADETTE, LAVIN		NAME		
STREET ADDRESS	108 DEL BROOK WAY		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL 34145		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRYNER, ANN		NAME		
STREET ADDRESS	1645 LUDLOW ROAD		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL 34145		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERET, RAY		NAME		
STREET ADDRESS	685 CRESCENT STREET		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL 34145		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Bedford H. Biles		Date: 4/19/03		Daytime Phone #: 238-3743089	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

CR2E037 (10/02)