

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 24 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756906 (4)
1. Corporation Name
**THE CHARTER CLUB OF MARCO BEACH CONDOMINIUM ASSO
CIATION, INC.**

Principal Place of Business Mailing Address
**700 S. COLLIER BLVD.
MARCO ISLAND FL 33937** **13391 MCGREGOR BLVD.
SUITE 5
FORT MYERS FL 33919-996
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/24/1981** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2503973** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 **33919-5996** 30

9. Name and Address of Current Registered Agent
**HILTON GRAND VACATIONS COMPANY
13391 MCGREGOR BLVD. SW, SUITE 5
700 SOUTH COLLIER BLVD
FORT MYERS FL 33919-5996**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGGS, NOEL	1.2 NAME	Briggs, Noel
STREET ADDRESS	C/O McALPINE, INC., PO BOX 33697	1.3 STREET ADDRESS	c/o McAlpine, Inc. 2911 Graham Street
CITY-ST-ZIP	CHARLOTTE, NC.	1.4 CITY-ST-ZIP	Charlotte, NS 28206
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIETRICH, CONRAD	2.2 NAME	
STREET ADDRESS	6041 ESCOBAR COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	33433
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIDGE, DONALD C	3.2 NAME	
STREET ADDRESS	38 BRIDAL PATH DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOMERS CT	3.4 CITY-ST-ZIP	06071
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, LYMAN R	4.2 NAME	
STREET ADDRESS	85 MOUNTAIN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPDEN MA	4.4 CITY-ST-ZIP	01036
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACARTHUR, JAMES	5.2 NAME	
STREET ADDRESS	163 BOLES RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARCHFIELD MA	5.4 CITY-ST-ZIP	02050
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Donald C Bridge **DONALD C BRIDGE** 3/10/95 203 749 8308
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDS OFFICER OR DIRECTOR Date Daytime Phone #