

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 756906 (4)
1. Corporation Name

THE CHARTER CLUB OF MARCO BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 700 S. COLLIER BLVD. MARCO ISLAND FL 33937
Mailing Address: 13391 MCGREGOR BLVD. SUITE 5 FORT MYERS FL 33919-5996 US

3. Date Incorporated or Qualified: 03/24/1981
3a. Date of Last Report: 04/24/1995

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

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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	
TITLE	STD BRIGGS, NOEL <input checked="" type="checkbox"/> DELETE
NAME	BRIGGS, NOEL
STREET ADDRESS	C/O MCALPINE, INC, 2911 GRAHAM STREET
CITY-ST-ZIP	CHARLOTTE, NC.
TITLE	D DIETRICH, CONRAD <input type="checkbox"/> DELETE
NAME	DIETRICH, CONRAD
STREET ADDRESS	6941 ESCOBAR COURT
CITY-ST-ZIP	BOCA RATON FL
TITLE	PD BRIDGE, DONALD C <input type="checkbox"/> DELETE
NAME	BRIDGE, DONALD C
STREET ADDRESS	38 BRIDAL PATH DR
CITY-ST-ZIP	SOMERS CT
TITLE	VD WOOD, LYMAN R <input type="checkbox"/> DELETE
NAME	WOOD, LYMAN R
STREET ADDRESS	95 MOUNTAIN RD
CITY-ST-ZIP	HAMPDEN MA
TITLE	D MACARTHUR, JAMES <input type="checkbox"/> DELETE
NAME	MACARTHUR, JAMES
STREET ADDRESS	163 BOLES RD
CITY-ST-ZIP	MARCHFIELD MA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D JACOBSEN, GARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JACOBSEN, GARY
1.3 STREET ADDRESS	2125 Lake Drive
1.4 CITY-ST-ZIP	Loveland, CO 80538
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	STD <input type="checkbox"/> Change <input checked="" 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donald C. Bridge, President

CR2E037 (12/95)