

FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 756906 (4)**  
1. Corporation Name  
**THE CHARTER CLUB OF MARCO BEACH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>700 S. COLLIER BLVD. MARCO ISLAND FL 33937</b>	Mailing Address <b>13391 MCGREGOR BLVD. SUITE 5 FORT MYERS FL 33919-5984 US</b>
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3. Date Incorporated or Qualified <b>03/24/1981</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2503973</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**HILTON GRAND VACATIONS COMPANY  
13391 MCGREGOR BLVD, SW, SUITE 5  
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  
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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JACOBSEN, GARY</b>	
STREET ADDRESS	<b>2125 LAKE DRIVE</b>	
CITY-ST-ZIP	<b>LOVELAND CO</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DIETRICH, CONRAD</b>	
STREET ADDRESS	<b>6941 ESCOBAR COURT</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BRIDGE, DONALD C</b>	
STREET ADDRESS	<b>38 BRIDAL PATH DR</b>	
CITY-ST-ZIP	<b>SOMERS CT</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>WOOD, LYMAN R</b>	
STREET ADDRESS	<b>95 MOUNTAIN RD</b>	
CITY-ST-ZIP	<b>HAMPDEN MA</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>MACARTHUR, JAMES</b>	
STREET ADDRESS	<b>183 BOLES RD</b>	
CITY-ST-ZIP	<b>MARCHFIELD MA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>VD</b>	<input checked="" 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 do 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 on an attachment with an address.

SIGNATURE: Lyman R Wood **LYMAN R WOOD** 4/6/97 500-445-5901  
DATE Daytime Phone # 005659

CFR2037 (9/96)