

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90141 020 \*\*\*\*61.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 756906**

1. Corporation Name  
 THE CHARTER CLUB OF MARCO BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
700 S Collier Blvd. Marco Island, FL 34145 US	13391 McGregor Blvd. Fort Myers, FL 33919-5996 US

2. Principal Place of Business 21 700 S Collier Boulevard Suite, Apt. #, etc. 22 City & State 23 Marco Island, FL Zip Country 24 34145 25 US	2a. Mailing Address 26 599 S Collier Boulevard Suite, Apt. #, etc. 27 Suite 309 City & State 28 Marco Island, FL Zip Country 29 34145 30 US	3. Date Incorporated or Qualified 03/24/1981	4. FEI Number 59-2503973 Applied For 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 Fees
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9. Name and Address of Current Registered Agent HILTON GRAND VACATIONS COMPANY 599 S Collier Boulevard, Suite 309 Marco Island, FL 34145	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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jacobson, Gary	1.2 NAME	
STREET ADDRESS	2125 Lake Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Loveland, CO	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dietrich, Conrad	2.2 NAME	
STREET ADDRESS	6941 Escobar Court	2.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bridge, Donald C.	3.2 NAME	
STREET ADDRESS	38 Bridal Path Drive	3.3 STREET ADDRESS	
CITY-ST-ZIP	Somers, CT	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wood, R. Lyman	4.2 NAME	
STREET ADDRESS	95 Mountain Rd.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Hampden, MA	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MacArthur, James	5.2 NAME	
STREET ADDRESS	163 Boles Rd	5.3 STREET ADDRESS	
CITY-ST-ZIP	Marehfield, MA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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, with a letter like empowered.

SIGNATURE: R. Lyman Wood 3/20/99 413-525-8226  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #