

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90011 033 \*\*\*\*61.25

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02262007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # 756906</b>					
1. Entity Name THE CHARTER CLUB OF MARCO BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 700 S. COLLIER BLVD. MARCO ISLAND, FL 34145 US			Mailing Address 599 S COLLIER BLVD STE 217 MARCO IS, FL 34145 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HILTON GRAND VACATIONS COMPANY, LLC 6355 METROWEST BLVD. STGE 180 ORLANDO, FL 32835				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSEN, GARY			NAME	
STREET ADDRESS	2125 LAKE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	LOVELAND, CO 80538			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACARTHUR, JAMES			NAME	
STREET ADDRESS	163 BOLES RD			STREET ADDRESS	
CITY-ST-ZIP	MARSHFIELD, MA 02050			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGGS, NOEL			NAME	
STREET ADDRESS	102 WOODLAND CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	CHERAW, SC 29520			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, R. LYMAN			NAME	
STREET ADDRESS	95 MOUNTAIN RD			STREET ADDRESS	
CITY-ST-ZIP	HAMPDEN, MA 01036			CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONARSKI, JOHN			NAME	
STREET ADDRESS	42 ONEIDA VIEW DR.			STREET ADDRESS	
CITY-ST-ZIP	PENNELVILLE, NY 13132			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 exemptions contained in Chapter 119, 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: <i>R Lyman Wood</i> R LYMAN WOOD				Date: 3/3/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Dutyline Phone #: 413-525-8226	