

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90008 002 \*\*\*\*61.25

**DOCUMENT # N03035**

1. Entity Name  
**EBB TIDE CLUB OF MARCO ISLAND CONDOMINIUM CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**871 COLLIER CT.  
 P.O. BOX 1824  
 MARCO ISLAND, FL 34146**

Mailing Address  
**871 COLLIER CT.  
 28  
 MARCO ISLAND, FL 34145**

40033543



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc. **2B**  
 City & State  
 Zip **34145** Country

3. Mailing Address  
 Suite, Apt. #, etc. **2B**  
 City & State  
 Zip Country

02082008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2405785** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BERG, MARY A  
 871 COLLIER CT- 2B  
 MARCO ISLAND, FL 34145**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 Mary A. Berg DATE 2/25/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HENRY, GORDON 871 COLLIER CT #A3 MARCO ISLAND, FL 34145</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SMITH, HAL 871 COLLIER CT. #B3 MARCO ISLAND, FL 34146</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BERG, MARY ANN 871 COLLIER COURT, #B2 MARCO ISLAND, FL 34146</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOMENZO, CARLA 871 COLLIER CT-A2 MARCO ISLAND, FL 34145</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Wambach, Kurt 871 Collier Ct #A3 MARCO Island, Fl. 34145</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BERG, MARY ANN 871 COLLIER COURT, #B2 MARCO ISLAND, FL 34145</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LOMENZO, CARLA 871 COLLIER COURT - #A2 MARCO Island, Fl. 34145</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Mary Ann Berg DATE 2/25/08