


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90118 022 ****61.25

DOCUMENT # N04000010844					
1. Entity Name ALUNMAE CLUB OF MARCO ISLAND, INC.					
Principal Place of Business P.O. BOX 5026 MARCO ISLAND, FL 34146			Mailing Address P.O. BOX 5026 MARCO ISLAND, FL 34146		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 30-0282721	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PENN, PRISCILLA 1079 COTTONWOOD CT. MARCO ISLAND, FL 34145			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		PRISCILLA PENN		1-25-06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reappointing)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEIN, PALMA M.		NAME	PRISCILLA PENN	
STREET ADDRESS	1081 CARA CT.		STREET ADDRESS	1079 COTTONWOOD CT	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	MARCO IS. FL 34145	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PENN, PRISCILLA		NAME	DOLores RIORDAN	
STREET ADDRESS	1079 COTTONWOOD CT.		STREET ADDRESS	1014 S. COLLIER BLVD #107	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	MARCO IS FL 34145	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	RECORDING SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOZZO, BONNIE		NAME	DOROTHY HARKNESS	
STREET ADDRESS	520 TAYLOR CT.		STREET ADDRESS	1651 BARBADOS CT.	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	MARCO IS FL 34145	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	CORRESPONDING SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUST, VINNIE		NAME	BARBARA COOPER	
STREET ADDRESS	1422 DELBROOK WAY		STREET ADDRESS	240 N. COLLIER BLVD	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	MARCO IS FL 34145	
TITLE	DAT	<input checked="" type="checkbox"/> Delete	TITLE	ASSISTANT TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, JEAN		NAME	LYNNE MINDZBI	
STREET ADDRESS	248 SEAHORSE CT.		STREET ADDRESS	250 FIJI CT	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	MARCO IS FL 34145	
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: <u>Priscilla Penn</u>		PRISCILLA PENN		1-25-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				642-3046	

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