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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

### ON Kather

## 1999 DOCUMENT # N19977

### MARCO VILLA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O BERRY & GREUSEL 1104 N. COLLIER BLVD. MARCO ISLAND FL 34145

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

C/O BERRY & GREUSEL 1104 N. COLLIER BLVD. MARCO ISLAND FL 34145

Suite, Apt. #, etc.

2a. Mailing Address

US

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# FILED Mar 08, 1999 8:00 am § Secretary of State

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. (861)   84   31614   4616	·	AIAII AIAII 31911 AIAII 81811 1881
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	HEILE HOUSE LONG BURNS	
	EMILE EN MEL 13001 MINUT	
	1811: IBELL 1381 RIBLE	MINK RING BING BING BING BING CONT.

Applied For

Not Applicable

3. Date Incorporated or Qualifed

04/06/1987

59-2788073

4. FEI Number

City & State	City & State City & S		& State		5. Certifcate of Status Desired	1 1	\$8.75 Additional	
23		28				Fee Red		
Zip	Country		Zip Country		6. Election Campaign Financing	□ \$5.00 h		
24	25				Trust Fund Contribution Added to Fees			
	9. Name and Address of Current F	Registered Agent	<del> </del>		10. Name and Address of New R	egistered Agent		
			81	Name	•			
GREUSEL, JAMIE B 1104 N. COLLIER BLVD.			82					
	SLAND, FL FL 34145		83				ŀ	
	,,		84	City		85 Zip C	ode	
				-		FL		
office or r	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such change was au	ithorized by	the corpo	corporation submits this statement for the poration's board of directors. I hereby accept	purpose of changing its r t the appointment as reg	registered istered	
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable (NOTE:	Registered Agen	t signature r	equired when reinstating)	DATE	{	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	RS IN 12	
TITLE	PD	DELETE				☐ Change	Addition	
NAME	MIKLOSH, JEROME JERRY	i	12 NAME					
STREET ADDRESS	ATTAL BUILD AND OF			ADORESS				
CITY-ST-ZIP	MARCO ISLAND FL 34145		1.4 CITY-S	r-ZIP				
TITLE	VD DELETE		2.1 TITLE			☐ Change	Addition	
NAME	MCGUIRE, EDWARD		2.2 NAME				l	
STREET ADDRESS	616 PIERRE AVE.		2.3 STREET	ADDRESS			-	
CITY-ST-ZIP	MANTUA NJ 08051		2.4 CITY-S	T-ZIP				
TITLE	SD	<b>⊠</b> DELETE	3.1 TITLE		50 -5	☐ Change	Addition.	
NAME	RITCHIE, ELAINE	•	3.2 NAME		FRED WOLFF SHOW	EF DRIVE	1	
STREET ADDRESS			3.3 STREET	TADDRESS OAK LAWN, IL 609		10153		
CITY-ST-ZIP	MARCO ISLAND FL 34145		3.4. CITY-S	T-ZIP	OAR LAWN, IL	00730		
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	r-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME:			5.2 NAME				4	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	T-ZiP	440.07/07/7			

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 all other like empowered.

SIGNATURE:

SIGI MILLOSH

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

OFFICE OF DIRECTOR

OFFICE OF DIRECTOR

OFFICE OF DIRECTOR

OFFICE OFFICE OF DIRECTOR

OFFICE OFFICE

1/20/99 (941)4365790

.K2E03/ (11/98)