

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36028 (1)

1. Corporation Name

ROYAL MARCO POINT III CONDOMINIUM ASSOCIATION, I
NC.

Principal Place of Business

6000 ROYAL MARCO WAY
SUITE #800
MARCO ISLAND FL 33937
US

Mailing Address

6000 ROYAL MARCO WAY
SUITE #800
MARCO ISLAND FL 34145-1893
US

3. Date Incorporated or Qualified

01/05/1990

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0169896

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMIE B. GREUSEL
1104 N. COLLIER BLVD.
APT. 649
MARCO ISLAND FL 33937

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COLIANO, FRANK	
STREET ADDRESS	6000 RAYAL MARCO WAY #352	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, LEE ODEN	
STREET ADDRESS	6000 ROYAL MARCO WAY #457	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	SDV	<input type="checkbox"/> DELETE
NAME	MARTIN, E.W.	
STREET ADDRESS	6000 ROYAL MARCO WAY APT. 753	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLS, WILLIAM	
STREET ADDRESS	6000 ROYAL MARCO WAY #456	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOGUE, WILLIAM	
STREET ADDRESS	6000 ROYAL MARO WAY - ATP 550	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MILLONIG, PAUL	
2.3 STREET ADDRESS	6000 ROYAL MARCO WAY	
2.4 CITY-ST-ZIP	MARCO ISLAND, FL	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HAYES, CAROL	
5.3 STREET ADDRESS	6000 ROYAL MARCO WAY	
5.4 CITY-ST-ZIP	MARCO ISLAND, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0060560

CR2E037 (9/96)