

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

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90127 010 \*\*\*\*61.25

**DOCUMENT # N36028**

1. Entity Name  
ROYAL MARCO POINT III CONDOMINIUM ASSOCIATION,  
INC.



Principal Place of Business  
6000 ROYAL MARCO WAY  
MARCO ISLAND, FL 34145 US

Mailing Address  
PO BOX 1202  
MARCO ISLAND, FL 34146 US

4000100.1



**DO NOT WRITE IN THIS SPACE**

03312008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
65-0169896

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUTCHLER, E.M. 6000 ROYAL MARCO WAY #553 MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOK, BYRON 504 W JUDD ST GREENVILLE, MI 48838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ANGELO, R. 8735 BAY PKWY., B63 BROOKLYN, NY 11214
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERNSTRUM, PAUL PO BOX 97 MENOMINEE, MI 49858
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHMIDT, GEORGE 6000 ROYAL MARSH WAY #355 MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: George A. Schmidt **GEORGE A. SCHMIDT** 4/16/08 394529  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #