

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000000416 (8)**

1. Corporation Name

ROYAL MARCO POINT II CONDOMINIUM ASSOCIATION, IN C.



Principal Place of Business: 277 NORTH COLLIER BLVD. MARCO ISLAND FL 33937
Mailing Address: 277 NORTH COLLIER BLVD. MARCO ISLAND FL 33937

3. Date Incorporated or Qualified: 02/01/1993
3a. Date of Last Report: 04/10/1995

2. Principal Place of Business: 21 5000 Royal Marco Way, Suite, Apt. #, etc. 22 Managers Office, City & State 23 Marco Island, FL. Zip 24 33937
2a. Mailing Address: 26 5000 Royal Marco Way, Suite, Apt. #, etc. 27 Managers Office, City & State 28 Marco Island, FL. Zip 29 33937
Country 25 Collier Country 30 Collier

4. FEI Number: 65-0422932 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
REINDERS, JAMES M
277 N. COLLIER BLVD.
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINDERS, JAMES M	1.2 NAME	
STREET ADDRESS	277 N. COLLIER BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MARCO ISLAND FL 33937	1.4 CITY - ST - ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, RAYMOND G	2.2 NAME	GENIRS, ROBERT E.
STREET ADDRESS	277 N. COLLIER BLVD.	2.3 STREET ADDRESS	5000 Royal Marco Way
CITY - ST - ZIP	MARCO ISLAND FL 33937	2.4 CITY - ST - ZIP	Marco Island, FL. 33937
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, WILLIAM	3.2 NAME	
STREET ADDRESS	277 N. COLLIER BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MARCO ISLAND FL 33937	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: William F. Snyder Date: 4/22/96 Daytime Phone #: 9413945197
WILLIAM F. SNYDER

CR2E037 (12/95)