

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ,
ANNUAL REPORT
1998



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

DOCUMENT # N93000000416 (8)
1. Corporation Name
ROYAL MARCO POINT II CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business Mailing Address
5000 ROYAL MARCO WAY
MANAGER'S OFFICE
MARCO ISLAND FL 33937
US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified
02/01/1993
4. FEI Number Applied For
65-0422932 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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 Jamie Greusel
82 Street Address (P.O. Box Number is Not Acceptable)
Berry & Greusel
1104 N. Collier Blvd.
83
84 City Marco Island FL 85 Zip Code 34145

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 Atty. Jamie Greusel (NOTE: Registered Agent signature required when reinstating) DATE 4/21/98

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	REINDERS, JAMES M	
STREET ADDRESS	277 N. COLLIER BLVD.	
CITY - ST - ZIP	MARCO ISLAND FL 33937	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GENIRS, ROBERT E.	
STREET ADDRESS	5000 ROYAL MARCO WAY	
CITY - ST - ZIP	MARCO ISLAND FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	SNYDER, WILLIAM	
STREET ADDRESS	277 N. COLLIER BLVD.	
CITY - ST - ZIP	MARCO ISLAND FL 33937	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gary E. Zimmerman	
1.3 STREET ADDRESS	5000 Royal Marco Way #930	
1.4 CITY - ST - ZIP	Marco Island, FL 34145	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert E. Genirs	
2.3 STREET ADDRESS	5000 Royal Marco Way #634	
2.4 CITY - ST - ZIP	Marco Island, FL 34145	
3.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Elva B. Wilson	
3.3 STREET ADDRESS	5000 Royal Marco Way #335	
3.4 CITY - ST - ZIP	Marco Island, FL 34145	
4.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Judith Schall	
4.3 STREET ADDRESS	4000 Royal Marco Way #324	
4.4 CITY - ST - ZIP	Marco Island, FL 34145	
5.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	James A. Bolonda	
5.3 STREET ADDRESS	4000 Royal Marco Way #727	
5.4 CITY - ST - ZIP	Marco Island, FL 34145	
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 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: Bolonda James A. Bolonda 4-21-98 941-642-0709