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Secretary of State

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NONPRGIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000416

1. Corporation Name
ROYAL MARCO POINT II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 5000 ROYAL MARCO WAY MANAGER'S OFFICE MARCO ISLAND FL 33937 US	Mailing Address 5000 ROYAL MARCO WAY MANAGER'S OFFICE MARCO ISLAND FL 33937 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/01/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0422932 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent

**GREUSEL, JAMIE
 BERRY & GREUSEL
 1104 N. COLLIER BLVD
 MARCO ISLAND FL 34145**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	ZIMMERMAN, GARY E.	
STREET ADDRESS	5000 ROYAL MARCO WAY #930	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GENIRS, ROBERT E.	
STREET ADDRESS	5000 ROYAL MARCO WAY #634	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	WILSON, ELVA B.	
STREET ADDRESS	5000 ROYAL MARCO WAY #335	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SCHALL, JUDITH	
STREET ADDRESS	4000 ROYAL MARCO WAY #324	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BOLONDA, JAMES A.	
STREET ADDRESS	4000 ROYAL MARCO WAY #277	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BUTLER, JOSEPH	
1.3 STREET ADDRESS	5000 ROYAL MARCO WAY #634	
1.4 CITY-ST-ZIP	MARCO ISLAND, FL 34145	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE: Judith Schall SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99 941642-0705
 Date Daytime Phone #

CR2E037 (1/98)