

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90024 026 ****61.25

DOCUMENT # N93000000416

1. Entity Name

ROYAL MARCO POINT II ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5000 ROYAL MARCO WAY
 MARCO ISLAND FL 34145
 US

5000 ROYAL MARCO WAY
 MARCO ISLAND FL 34145-1896
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0422932

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP** Delete
 NAME **BUTLER, JOSEPH**
 STREET ADDRESS **5000 ROYAL MARCO WAY 3636**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **DVP** Change Addition
 NAME **MICHAEL SUFFIAN**
 STREET ADDRESS **4000 ROYAL MARCO WAY #424**
 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **DP** Delete
 NAME **GENIRS, ROBERT E.**
 STREET ADDRESS **5000 ROYAL MARCO WAY #634**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVP** Delete
 NAME **WILSON, ELVA B.**
 STREET ADDRESS **5000 ROYAL MARCO WAY #335**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **SCHALL, JUDITH**
 STREET ADDRESS **4000 ROYAL MARCO WAY #324**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **BOLONDA, JAMES A.**
 STREET ADDRESS **4000 ROYAL MARCO WAY #277**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: **ROBERT E. GENIRS** 7/12/00 941642-0709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF 5017 (6/99)