

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90104 007 ****61.25

DOCUMENT # N93000000416

1. Entity Name

ROYAL MARCO POINT II CONDOMINIUM 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
 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	<input type="checkbox"/> Delete
NAME	SUFFIAN, MICHAEL	
STREET ADDRESS	4000 ROYAL MARCO WAY #424	
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	BRYAN, RONALD G.	
STREET ADDRESS	4000 ROYAL MARCO WAY #729	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

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

3-13-02

Date

Daytime Phone #

CR2E037 (9/01)