


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90047 031 ****61.25

DOCUMENT # N94000001313

1. Entity Name
MARCO ISLAND MARINA ASSOCIATION, INC.



Principal Place of Business
1400 N COLLIER BLVD
MARCO ISLAND, FL 34146 US

Mailing Address
1035 S SEMORAN BLVD
STE 1012
WINTER PARK, FL 32792 US

54004020



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01052004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0563054 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
KLUBERDANE, WALLACE
1400 N. COLLIER BLVD
MARCO ISLAND, FL 34746

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEWS, DOUG 1320 FORREST CT MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RECKER, FRANK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 267 N COLLIER BLVD #202 MARCO ISLAND FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARR, JAMES <input type="checkbox"/> Delete 1254 MARTINIQUE CT MARCO ISLAND, FL 34145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARKS, BOB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 58 N COLLIER BLVD #2009 MARCO ISLAND FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLUBERDAIG, WALLACE <input type="checkbox"/> Delete 656 HICKERY POND NAPLES, FL 34108	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KLUBERDANZ, WALLACE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 656 HICKORY ROAD NAPLES FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TABER, DAVID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 178 ANGLER COURT MARCO ISLAND FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: *Wallace J. Kluberdane* **Wallace J. Kluberdane** 2/9/04 239-568-8456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #