

**2005 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

APPROVED  
AND  
FILED

05 MAY 18 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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			
2. Principal Place of Business		3. Mailing Address 1400 N. Collier Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Marco Island, FL		4. FEI Number 65-0563054	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34145		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent KLUBERDANE, WALLACE : Kluberanz, Wallace 1400 N. COLLIER BLVD MARCO ISLAND, FL 34746			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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)					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RECKER, FRANK		NAME	Carl E. Westman	
STREET ADDRESS	267 N. COLLIER BLVD. #202		STREET ADDRESS	1952 Crayton Road	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	Naples, FL 34102	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, BOB		NAME	Frank Rinker	
STREET ADDRESS	58 N. COLLIER BLVD. #2009		STREET ADDRESS	601 LaPeninsula, Naples, FL	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLUBER DANZ, WALLACE		NAME	Wallace Kluberanz	
STREET ADDRESS	656 HICKORY ROAD		STREET ADDRESS	656 Hickory Road	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	Naples, FL 34108	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINKER, FRANK		NAME	Bob Marks	
STREET ADDRESS	601 LA PENINSULA		STREET ADDRESS	58 N. Collier Blvd., #2009	
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP	Marco Island, FL 34145	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Michael Beste	
STREET ADDRESS			STREET ADDRESS	1857 San Marco Rd., PH 8	
CITY-ST-ZIP			CITY-ST-ZIP	Marco Island, FL 34145	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:		5/16/05		(239) 430-1800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
Carl E. Westman					