


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90008 015 \*\*\*\*61.25

<b>DOCUMENT # N94000001313</b>					
1. Entity Name MARCO ISLAND MARINA ASSOCIATION, INC.					
Principal Place of Business 1400 N COLLIER BLVD MARCO ISLAND, FL 34146 US			Mailing Address 1400 N. COLLIER BLVD. 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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KLUBERDANZ, WALLACE 1400 N. COLLIER BLVD MARCO ISLAND, FL 34746				Name: RINKER, FRANK	
				Street Address (P.O. Box Number is Not Acceptable) 601 LAPENINSULA	
				City: NAPLES 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: <i>Franklin G. Kriker</i>				DATE: 03-25-06	
Filing Fee is \$61.25 Due by May 1, 2006				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 type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTMAN, CARL E			NAME	
STREET ADDRESS	1952 CRAYTON ROAD			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINKER, FRANK			NAME	
STREET ADDRESS	601 LAPENINSULA			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL			CITY-ST-ZIP	
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLUBERDANZ, WALLACE			NAME	D YERICH, RAY
STREET ADDRESS	656 HICKORY ROAD			STREET ADDRESS	240 SEAVIEW CT #303
CITY-ST-ZIP	NAPLES, FL 34108			CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKS, BOB			NAME	D MEIER, EARL
STREET ADDRESS	58 N. COLLIER BLVD., #2009			STREET ADDRESS	671 SOLARA CT.
CITY-ST-ZIP	MARKCO ISLAND, FL 34145			CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESTE, MICHAEL			NAME	
STREET ADDRESS	1857 SAN MARCO RD., PH 8			STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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: <i>Franklin G. Kriker</i>				DATE: 03-25-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	
				DAYTIME PHONE #: 239 642 9164	