

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005631 (3)
 1. Corporation Name
MARCO BEACH OCEAN RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 801 LAUREL OAK DR., STE. 640 WOODWARD, PIRES & LOMBARDO, P.A. NAPLES FL 34108	Mailing Address 801 LAUREL OAK DR., STE. 640 WOODWARD, PIRES & LOMBARDO, P.A. NAPLES FL 34108
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3. Date Incorporated or Qualified
10/03/1997

4. FEI Number
59-3474197

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc <i>Suite 710</i>	26 Suite, Apt #, etc <i>Suite 710</i>
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**WOODWARD, MARK J
 801 LAUREL OAK DR., STE. 640
 WOODWARD, PIRES & LOMBARDO, P.A.
 NAPLES FL 34108**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	<i>Suite 710</i>
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DINARDO, ANTHONY	1.2 NAME	JOSEPH L PARISI
STREET ADDRESS	4001 NORTH TAMiami TRAIL, STE. 350	1.3 STREET ADDRESS	4001 TAMiami TRAIL NORTH, SUITE 350
CITY - ST - ZIP	NAPLES FL 34103	1.4 CITY - ST - ZIP	NAPLES, FL 34103
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, JOHN	2.2 NAME	
STREET ADDRESS	4001 NORTH TAMiami TRAIL, STE. 350	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 34103	2.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEGELHAUPT, RHEA	3.2 NAME	
STREET ADDRESS	6869 PELICAN BAY BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 34108	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addressee.

SIGNATURE: *Anthony Dinardo* 04/15/98 941 434 2030

CR2E037 (10/97)