
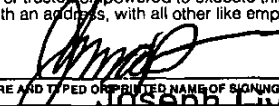


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90388 043 ****70.00

DOCUMENT # N97000005631					
1. Entity Name MARCO BEACH OCEAN RESORT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 480 S COLLIER BLVD MARCO ISLAND, FL 34145 US		Mailing Address 480 S COLLIER BLVD MARCO ISLAND, FL 34145 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-3474197	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WOODWARD, MARK J 3200 TAMiami TRAIL N STE 200 NAPLES, FL 34103				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORTI, GARY		NAME		
STREET ADDRESS	9 WALNUT HILL ROAD		STREET ADDRESS		
CITY-ST-ZIP	MILLIS, MA 02054		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODWARD, MARK J		NAME		
STREET ADDRESS	3200 TAMiami TRAIL N (#200)		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHMITT, BURKHARD		NAME	Lortie, Gary	
STREET ADDRESS	1111 KEYSTONE AVENUE		STREET ADDRESS	9 Walnut Hill Road	
CITY-ST-ZIP	RIVER FOREST, IL 60305		CITY-ST-ZIP	Millis, MA 02054	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARISI, JOSEPH L		NAME		
STREET ADDRESS	3470 CLUB CENTER BLVD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34114		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Secy/Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Beebe, Gary	
STREET ADDRESS			STREET ADDRESS	P. O. Box 2091	
CITY-ST-ZIP			CITY-ST-ZIP	Marco Island, FL 34146	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DiNardo, Anthony	
STREET ADDRESS			STREET ADDRESS	3470 Club Center Boulevard	
CITY-ST-ZIP			CITY-ST-ZIP	Naples, FL 34114	
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: 				Date 4/25/05 (239) 732-9400	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	
Joseph Livio Parisi					

14012458

