

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90022 022 \*\*\*\*61.25

DOCUMENT # N97000005631  
 1. Entity Name  
**MARCO BEACH OCEAN RESORT CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
 480 S COLLIER BLVD 480 S COLLIER BLVD  
 MARCO ISLAND, FL 34145 US MARCO ISLAND, FL 34145 US

40055803



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State City & State  
 Zip Country Zip Country

4. FEI Number 59-3474197 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
 WOODWARD, MARK J  
 3200 TAMIAMI TRAIL N  
 STE 200  
 NAPLES, FL 34103

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2007  
 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	TD LORTI, GARY 9 WALNUT HILL ROAD MILLIS, MA 02054 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Coplin, Duane 6540 Millennium Dr. (Suite 180) Lansing, MI 48917 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WOODWARD, MARK J 3200 TAMIAMI TRAIL N (#200) NAPLES, FL 34103 <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	PD PARISI, JOSEPH L 3470 CLUB CENTER BLVD NAPLES, FL 34114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8156 Fiddler's Creek Parkway Naples, FL 34114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEEBE, GARY P.O. BOX 2091 MARCO ISLAND, FL 34146 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Schmitt, Burk 1111 Keystone Avenue Riber Forest, IL 60305 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINARDO, ANTHONY 3470 CLUB CENTER BLVD NAPLES, FL 34114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8156 Fiddler's Creek Parkway Naples, FL 34114 <input checked="" 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 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: Joseph Livio Parisi Date: 4/3/07 Daytime Phone #: (239) 732-9400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR