
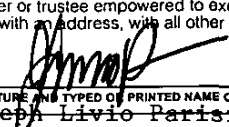


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2008 8:00 am
Secretary of State

06-27-2008 90001 035 ****61.25

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 - No P.O. Box #		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	
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 September 12, 2008		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	TD		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	COPLIN, DUANE		NAME		
STREET ADDRESS	6540 MILLENNIUM DR (SUITE 180)		STREET ADDRESS		
CITY-ST-ZIP	LANSING, MI 48917		CITY-ST-ZIP		
TITLE	DV		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	WOODWARD, MARK J		NAME		
STREET ADDRESS	3200 TAMIAMI TRAIL N (#200)		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	PD		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	PARISI, JOSEPH L		NAME		
STREET ADDRESS	8156 FIDDLER'S CREEK PKWY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34114		CITY-ST-ZIP		
TITLE	SD		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	SCHMITT, BURK		NAME		
STREET ADDRESS	1111 KEYSTONE AVENUE		STREET ADDRESS		
CITY-ST-ZIP	RIVER FOREST, IL 60305		CITY-ST-ZIP		
TITLE	D		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	DINARDO, ANTHONY		NAME		
STREET ADDRESS	8156 FIDDLER'S CREEK PKWY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34114		CITY-ST-ZIP		
TITLE			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: 			6/18/08 (239) 732-9400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Joseph Livio Parisi, as President and Not Individually					