

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90179 020 \*\*\*\*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.

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VINSON, GARY	
STREET ADDRESS	654 LAKE TRAIL	
CITY-ST-ZIP	WERTERVILLE OH 43082	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WOODWARD, MARK J	
STREET ADDRESS	3200 TAMiami TRAIL N (#200)	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LORTIE, GARY	
STREET ADDRESS	9 WALNUT HILL ROAD	
CITY-ST-ZIP	MILLIS MA 02054	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PARISI, JOSEPH L	
STREET ADDRESS	3470 CLUB CENTER BLVD	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ENZWEILER, MICHELLE	
STREET ADDRESS	330 8TH AVE N (#4)	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lorti, Gary	
STREET ADDRESS	9 Walnut Hill Road	
CITY-ST-ZIP	Millis, MA 02054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schmitt, Burkhard	
STREET ADDRESS	1111 Keystone Avenue	
CITY-ST-ZIP	Riber Forest, IL 60305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, without other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

April 14, 2003 (239) 732-9400

CR2E037 (10/02)