

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **756906** (4)

1. Corporation Name

THE CHARTER CLUB OF MARCO BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

700 S. COLLIER BLVD.
MARCO ISLAND FL 33937

Mailing Address

13391 MCGREGOR BLVD.
SUITE 5
FORT MYERS FL 33919-5984
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/24/1981	3a. Date of Last Report 05/01/1996
21		26		4. FEI Number 59-2503973	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent

HILTON GRAND VACATIONS COMPANY
13391 MCGREGOR BLVD, SW, SUITE 5
FORT MYERS FL 33919-5996

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSEN, GARY	1.2 NAME	
STREET ADDRESS	2125 LAKE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOVELAND CO	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIETRICH, CONRAD	2.2 NAME	
STREET ADDRESS	6941 ESCOBAR COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIDGE, DONALD C	3.2 NAME	
STREET ADDRESS	38 BRIDAL PATH DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOMERS CT	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, LYMAN R	4.2 NAME	
STREET ADDRESS	95 MOUNTAIN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAMPDEN MA	4.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACARTHUR, JAMES	5.2 NAME	
STREET ADDRESS	163 BOLES RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARCHFIELD MA	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 do 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 address.

SIGNATURE:

Lyman R Wood
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/97

500-445-5901
 Daytime Phone # 0055559

CR2E037 (9/96)