2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718197

Entity Name: ART LEAGUE OF MARCO ISLAND, INC.

Current Principal Place of Business:

1010 WINTERBERRY DRIVE MARCO ISLAND. FL 34145-5427

Current Mailing Address:

1010 WINTERBERRY DRIVE

MARCO ISLAND. FL 34145-5427 US

FEI Number: 59-1754367 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HILL, JOHN R 606 BALD EAGLE DRIVE STE 400 MARCO ISLAND, FL 34145 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED May 06, 2020

Secretary of State

6164575793CC

Officer/Director Detail :

Title DIRECTOR Title DIRECTOR

PALOMBO, MARY PAT Name Name DARROW, SUE Address 1771 LUDLOW ROAD Address 889 HEATHWOOD DR.

MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 City-State-Zip: City-State-Zip:

TREASURER Title Title DIRECTOR

JAMES, JOHN Name ROBERTSON, BRUCE Name

Address 960 CAPE MARCO DR. Address 672 KENDALL DR.

UNIT 606

MARCO ISLAND FL 34145 City-State-Zip: City-State-Zip: MARCO ISLAND FL 34145

Title **SECRETARY** Title **DIRECTOR**

Name RHEINER, WILLIAM Name STROUD, KENNETH

Address 1060 BORGHESE LANE Address 165 GERANIUM CT. **UNIT 1004**

City-State-Zip: MARCO ISLAND FL 34145 City-State-Zip: NAPLES FL 34114

Title **DIRECTOR** Title

RODDY, DEBBIE Name Name ZEMEL. MARY Address 1860 WATSON RD. Address 970 CAPE MARCO DR. #805

MARCO ISLAND FL 34145 City-State-Zip: City-State-Zip: MARCO ISLAND FL 34145

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

05/06/2020 TREASURER SIGNATURE: JOHN JAMES

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

PRESIDENT Title Title DIRECTOR

Name RICHARDS, JIM Name KING, CHARLANE

1884 CASCADE CT. Address Address 8352 LUCELLO TERR. N.

City-State-Zip: NAPLES FL 34114 City-State-Zip: MARCO ISLAND FL 34145

Title Title **DIRECTOR** DIRECTOR

Name PORTER, KIMBERLY LAIRD, DEWAYNE Name Address 189 MAJORCA CIRCLE 1060 BORGHESE LANE Address

City-State-Zip: MARCO ISLAND FL 34145 City-State-Zip: NAPLES FL 34114

Title **DIRECTOR** Title DIRECTOR Name WICK, MICHAEL VERTIN, MARY Name

Address 960 CAPE MARCO DR. Address 1446 BORGHESE LANE

UNIT 1606

UNIT 201

City-State-Zip: MARCO ISLAND FL 34145 City-State-Zip: NAPLES FL 34114