

2015 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**Officer/Director Detail :**

Title PRESIDENT
Name WICK, ROSEMARY
Address 960 CAPE MARCO DR.
 #1606
City-State-Zip: MARCO ISLAND FL 34145

Title DIRECTOR
Name FORCHT, THEODORE
Address 206 STILLWATER COURT
City-State-Zip: MARCO ISLAND FL 34145

Title DIRECTOR
Name EARLY, MICHAEL PHD
Address 818 PERRINE COURT
City-State-Zip: MARCO ISLAND FL 34145

Title DIRECTOR
Name GRAEV, BRUCE
Address 467 NASSAU CT.
City-State-Zip: MARCO ISLAND FL 34145

Title TREASURER
Name DOUGHERTY, JOHN
Address 560 S. COLLIER BLVD
City-State-Zip: MARCO ISLAND FL 34145

Title DIRECTOR
Name MORRIS, WILLIAM
Address 247 N. COLLIER BLVD.#202
City-State-Zip: MARCO ISLAND FL 34145

Title DIRECTOR
Name BARON, MARY
Address 4000 ROYAL MARCO WAY
 #828
City-State-Zip: MARCO ISLAND FL 34145

Title DIRECTOR
Name PETROPOULOS, ARIS
Address 960 CAPE MARCO DR.
 #1901
City-State-Zip: MARCO ISLAND FL 34145

Continues on page 2

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.

SIGNATURE: ROSEMARY WICK**PRESIDENT****04/20/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PIERCE, JACQUELYN
Address 174 S. COLLIER BLVD.
#705
City-State-Zip: MARCO ISLAND FL 34145

Title DIRECTOR
Name RICHARDS, JIM
Address 1884 CASCADE CT.
City-State-Zip: MARCO ISLAND FL 34145

Title DIRECTOR
Name ROBERTSON, BRUCE
Address 672 KENDALL DR.
City-State-Zip: MARCO ISLAND FL 34145

Title SECRETARY
Name WILLIAMS, SALLIE
Address 1857 SAN MARCO RD.
SUITE #214
City-State-Zip: MARCO ISLAND FL 34145

Title DIRECTOR
Name DARROW, SUE
Address 889 HEATHWOOD DR.
City-State-Zip: MARCO ISLAND FL 34145

Title DIRECTOR
Name SCHACHT, WALTER
Address 801 LAUREL OAKS DR.
#600
City-State-Zip: NAPLES FL 34108