

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732797

Entity Name: MARCO ISLAND TAXPAYERS' ASSOCIATION, INC.**Current Principal Place of Business:**1558 HEIGHTS CT
MARCO ISLAND, FL 34145**Current Mailing Address:**PO BOX 1263
MARCO ISLAND, FL 34146 US**FEI Number:** 59-1828783**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUKLAUER, ROBERT
1360 QUINTARA
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	P
Name	BILES, FAY R
Address	1588 HEIGHTS CT
City-State-Zip:	MARCO ISLAND FL 34145

Title	VP
Name	BROWN, BOB
Address	473 JOY CIRCLE
City-State-Zip:	MARCO ISLAND FL 34145

Title	D
Name	BERGER, LITHA
Address	1648 WINDMILL
City-State-Zip:	MARCO ISLAND FL 34145

Title	D
Name	PETRICCA, AMADEO
Address	331 REGATTA
City-State-Zip:	MARCO ISLAND FL 34145

Title	S
Name	MERRIT, JEAN
Address	7143 MARCONI CT.
City-State-Zip:	NAPLES FL 34114

Title	TD
Name	GLAUB, KAREN
Address	46 GULFPORT CT.
City-State-Zip:	MARCO ISLAND FL 34145

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: FAY BILES**PRESIDENT****04/12/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date