

**2014 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	DIRECTOR
Name	BATTAGLIA, ANDREA K
Address	1450 CUTLER DRIVE
City-State-Zip:	MARCO ISLAND FL 34145

Title	DIRECTOR
Name	BINGLE, VIRGINIA
Address	130 BERMUDA RD.
City-State-Zip:	MARCO ISLAND FL 34145

Title	VP
Name	HALLMAN, JAMES C
Address	1101 SOUTH COLLIER BLVD. TOWNHOUSE SQUARE E-108
City-State-Zip:	MARCO ISLAND FL 34145

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

  

Title	DIRECTOR
Name	DUNCAN, WILLIAM
Address	161 GREENVIEW ST.
City-State-Zip:	MARCO ISLAND FL 34145

  

Title	DIRECTOR
Name	UHLER, SAYRE
Address	540 TIGERTAIL 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 R. BILES**PRESIDENT****01/11/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date