

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739145

**Entity Name:** MARCO ISLAND AREA ASSOCIATION OF REALTORS, INC.**Current Principal Place of Business:**140 WATERWAY DRIVE  
MARCO ISLAND, FL 34145**Current Mailing Address:**140 WATERWAY DRIVE  
MARCO ISLAND, FL 34145 US**FEI Number:** 59-1872802**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORRIS, WILLIAM G  
247 N. COLLIER BLVD - STE. 202  
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            JOSSELYN, STEVE  
Address        140 WATERWAY DRIVE  
City-State-Zip: MARCO ISLAND FL 34145

Title            PRESIDENT ELECT  
Name            BOGAERT, ILEANA  
Address        140 WATERWAY DRIVE  
City-State-Zip: MARCO ISLAND FL 34145

Title            DIRECTOR  
Name            MCGREGOR, REILLY  
Address        140 WATERWAY DRIVE  
City-State-Zip: MARCO ISLAND FL 34145

Title            DIRECTOR  
Name            BERGER, LITHA  
Address        140 WATERWAY DRIVE  
City-State-Zip: MARCO ISLAND FL 34145

Title            SECRETARY, TREASURER  
Name            NEAL, CHARLIE  
Address        140 WATERWAY DRIVE  
City-State-Zip: MARCO ISLAND FL 34145

Title            DIRECTOR  
Name            WILKINS, PAT  
Address        140 WATERWAY DRIVE  
City-State-Zip: MARCO ISLAND FL 34145

Title            DIRECTOR  
Name            WINNIK, JACK  
Address        140 WATERWAY DRIVE  
City-State-Zip: MARCO ISLAND FL 34145

Title            DIRECTOR  
Name            NORGREN, DAWN  
Address        140 WATERWAY DRIVE  
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: STEVE JOSSELYN****PRESIDENT****02/25/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WITTHOFF, STACY  
Address 140 WATERWAY DRIVE  
City-State-Zip: MARCO ISLAND FL 34145

Title DIRECTOR  
Name RODDY, DARLENE  
Address 140 WATERWAY DRIVE  
City-State-Zip: MARCO ISLAND FL 34145

Title DIRECTOR  
Name SUMMERS, ELIZABETH  
Address 140 WATERWAY DRIVE  
City-State-Zip: MARCO ISLAND FL 34145

Title DIRECTOR  
Name LANGKAWEL, ROSEMARY  
Address 140 WATERWAY DRIVE  
City-State-Zip: MARCO ISLAND FL 34145