

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03035

**Entity Name:** EBB TIDE CLUB OF MARCO ISLAND CONDOMINIUM  
CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 07, 2013**  
**Secretary of State**  
**CC2614113534**

**Current Principal Place of Business:**

871 COLLIER CT.  
PH-3A  
MARCO ISLAND, FL 34145

**Current Mailing Address:**

871 COLLIER CT.  
PH-3A  
MARCO ISLAND, FL 34145

**FEI Number: 59-2405785**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KNAPP, JANE W  
871 COLLIER CT- 3A  
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           D  
Name           WAMBACH, KURT  
Address       871 COLLIER CT #A3  
City-State-Zip: MARCO ISLAND FL 34145

Title           D  
Name           SMITH, HAL  
Address       871 COLLIER CT. #B3  
City-State-Zip: MARCO ISLAND FL 34146

Title           SECRETARY  
Name           SMITH, BARBARA  
Address       871 COLLIER COURT #3B  
City-State-Zip: MARCO ISLAND FL 34145

Title           P  
Name           LOMENZO, CARLA  
Address       871 COLLIER COURT- #A2  
City-State-Zip: MARCO ISLAND FL 34145

Title           T  
Name           KNAPP, JANE W  
Address       871 COLLIER CT - 3A  
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: JANE W. KNAPP**

**TREASURER**

**02/07/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date