

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000009053

**Entity Name:** MARCO ISLAND UNITED SOCCER CORP**Current Principal Place of Business:**14558 TROPICAL DRIVE  
NAPLES, FL 34114**Current Mailing Address:**14558 TROPICAL DRIVE  
NAPLES, FL 34114 US**FEI Number:** 87-2126779**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BALDWIN, PATRICK  
14558 TROPICAL DRIVE  
NAPLES, FL 34114 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 PRES, DIRECTOR  
Name BALDWIN, PATRICK  
Address 14558 TROPICAL DRIVE  
City-State-Zip: NAPLES FL 34114

Title VP, DIRECTOR  
Name HEFLIN, CHRIS  
Address 14558 TROPICAL DRIVE  
City-State-Zip: NAPLES FL 34114

Title SEC, DIRECTOR  
Name BORES, PATTY  
Address 14558 TROPICAL DRIVE  
City-State-Zip: NAPLES FL 34114

Title TR, DIRECTOR  
Name CATALANO, LINDSAY  
Address 14558 TROPICAL DRIVE  
City-State-Zip: NAPLES FL 34114

Title DIRECTOR  
Name ROSSI, ALAN  
Address 14558 TROPICAL DRIVE  
City-State-Zip: NAPLES FL 34114

Title DIRECTOR  
Name GRIFONI, JARED  
Address 14558 TROPICAL DRIVE  
City-State-Zip: NAPLES FL 34114

Title DIRECTOR  
Name HEINRICH, ADAM  
Address 14558 TROPICAL DRIVE  
City-State-Zip: NAPLES FL 34114

Title DIRECTOR  
Name KERENS, SCOTT  
Address 14558 TROPICAL DRIVE  
City-State-Zip: NAPLES FL 34114

*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:** LINDSAY CATALANO

TR

04/23/2024

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