

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90065 027 ****61.25

DOCUMENT # 710443

1. Entity Name
PORT MARCO ASSOCIATION, INC.



Principal Place of Business
**1219 BALD EAGLE DR.
MARCO ISLAND, FL 34145**

Mailing Address
**1219 BALD EAGLE DR.
MARCO ISLAND, FL 34145**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1651656

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAHILL, THOMAS
1219 BALD EAGLE DR.
MARCO ISLAND, FL 34145**

7. Name and Address of New Registered Agent

Name **Dennis Schmitt**
Street Address (P.O. Box Number is Not Acceptable)
1219 BALD EAGLE DR
City **MARCO ISLAND** FL Zip Code **34145**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Dennis H. Schmitt President Kathryn A. Bauer Treas.* 1-21-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **CAHILL, THOMAS**
STREET ADDRESS **1219 BALD EAGLE DR**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **VD** ☐ Delete
NAME **WETZEL, WILLIAM D**
STREET ADDRESS **1219 BALD EAGLE DRIVE**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **TD** ☒ Delete
NAME **SCHMITT, VERNA**
STREET ADDRESS **1219 BALD EAGLE DR**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **SD** ☐ Delete
NAME **WETZEL, MAUREEN**
STREET ADDRESS **1219 BALD EAGLE DR**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **D** ☐ Delete
NAME **PAYNE, JAMES W.**
STREET ADDRESS **1219 BALD EAGLE DR**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **D** ☐ Delete
NAME **VANN, HAROLD**
STREET ADDRESS **1219 BALD EAGLE DR**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **Schmitt, Dennis**
STREET ADDRESS **1219 Bald Eagle Dr.**
CITY-ST-ZIP **MARCO Island, FL 34145**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
NAME **Kathryn Bower**
STREET ADDRESS **1219 Bald Eagle Drive**
CITY-ST-ZIP **MARCO Island, FL 34145**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maureen Wetzel Secretary* 1-20-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #