2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 710443

Entity Name: PORT MARCO ASSOCIATION, INC.

Current Principal Place of Business:

1219 BALD EAGLE DR.
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

1219 BALD EAGLE DR.
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 59-1651656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMITT, DENNIS H
1219 BALD EAGLE DR.
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	SCHMITT, DENNIS	
Address:	1219 BALD EAGLE DR	
City-St-Zip:	MARCO ISLAND, FL 34145	
Title:	VD	( ) Delete
Name:	WETZEL, WILLIAM D	
Address:	1219 BALD EAGLE DRIVE	
City-St-Zip:	MARCO ISLAND, FL 34145	
Title:	TD	( ) Delete
Name:	BOWER, KATHRYN	
Address:	1219 BALD EAGLE DR	
City-St-Zip:	MARCO ISLAND, FL 34145	
Title:	SD	( ) Delete
Name:	WETZEL, MAUREEN	
Address:	1219 BALD EAGLE DR	
City-St-Zip:	MARCO ISLAND, FL 34145	
Title:	D	( ) Delete
Name:	PAYNE, JAMES W.	
Address:	1219 BALD EAGLE DR	
City-St-Zip:	MARCO ISLAND, FL 34145	
Title:	D	( ) Delete
Name:	WISE, ROGER	
Address:	1219 BALD EAGLE DR.	
City-St-Zip:	MARCO ISLAND, FL 34145	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DENNIS SCHMITT PRES 01/15/2009

Electronic Signature of Signing Officer or Director — Date