

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **713638** (5)

1. Corporation Name

MARCO ISLAND FLOTILLA, INC.

Principal Place of Business

Mailing Address

**108 CHAMONIX COURT
NAPLES FL 33962**

**108 CHAMONIX COURT
NAPLES FL 33962**



3. Date Incorporated or Qualified

11/15/1967

4. FEI Number

23-7437659

Applied For

Not Applicable

2. Principal Place of Business

21 908 Collier Ct.

Suite, Apt. #, etc.

22 401

City & State

23 MARCO ISLAND FL

Zip

24 34145

Country

25 USA

2a. Mailing Address

26 908 Collier Ct.

Suite, Apt. #, etc.

27 401

City & State

28 MARCO ISLAND FL

Zip

29 34145

Country

30 USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NICHOLS, JAMES W
108 CHAMONIX COURT
NAPLES FL 33962**

81 Name DUCY, ROBERT M

82 Street Address (P.O. Box Number is Not Acceptable)

908 Collier Ct

83 #401

84 City MARCO ISLAND FL

85 Zip Code 34145

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **ROBERT M. DUCY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FEBRUARY 14, 1998

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **KENWORTHY, HARRY M**
STREET ADDRESS **848 ELKCAM CIRCLE #401**
CITY-ST-ZIP **MARCO ISLAND FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE
NAME **DUCEY, ROBERT M**
STREET ADDRESS **908 COLLIER COURT #401**
CITY-ST-ZIP **MARCO ISLAND FL**

2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **DANIELS, RICHARD A**
2.3 STREET ADDRESS **156 GREENVIEW ST**
2.4 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **STD** ☐ DELETE
NAME **NICHOLS, JAMES W**
STREET ADDRESS **108 CHAMONIX CT.**
CITY-ST-ZIP **NAPLES FL**

3.1 TITLE **STD** ☒ Change ☐ Addition
3.2 NAME **DUCEY, ROBERT M**
3.3 STREET ADDRESS **908 COLLIER CT. #401**
3.4 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ROBERT M. DUCY**

FEBRUARY 14, 1998 941-642-6522

CR2E037 (10/97)