2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# 721829

Entity Name: MARCO INNS VILLAS, INC.

Current Principal Place of Business:

850 PALM STREET
MARCO FLA, 341452002 US

New Principal Place of Business:

850 PALM STREET
MARCO ISLAND, FL 34145 US

Current Mailing Address:

PO BOX 1445
MARCO ISLAND, FL 341461445 US

New Mailing Address:

FEI Number: 59-1460107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEW BEGINNINGS
950 N COLLIER BLVD STE 420
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: S ( ) Delete
Name: BRUNETTE, JEROME
Address: 850 PALM ST SUITE E-10
City-St-Zip: MARCO ISLAND, FL 34145

Title: P ( ) Delete
Name: AYER, JOHN
Address: P.O. BOX 381
City-St-Zip: BABYLON, NY 11702

Title: D ( ) Delete
Name: JACOBS, JOHN
Address: 850 PALM STREET., #C20
City-St-Zip: MARCO ISLAND, FL 34145

Title: TD (X) Delete
Name: AUER, JOHN
Address: P O BOX 381
City-St-Zip: BABYLON, NY 11702

Title: SD ( ) Delete
Name: JACOBS, KATHLEEN
Address: 800 COTTONWOOD ST.
City-St-Zip: MIDLAND, MI 48642

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BRUNETTE, JEROME
Address: 850 PALM ST SUITE E-10
City-St-Zip: MARCO ISLAND, FL 34145

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

Title: VP (X) Change ( ) Addition
Name: JACOBS, JOHN
Address: 850 PALM STREET., #C20
City-St-Zip: MARCO ISLAND, FL 34145

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

Title: T (X) Change ( ) Addition
Name: JACOBS, KATHLEEN
Address: 800 COTTONWOOD ST.
City-St-Zip: MIDLAND, MI 48642

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: JOHN AUER P 02/19/2009

Electronic Signature of Signing Officer or Director — Date