

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **727216**

1. Corporation Name

MARCO HIGHLANDS COMDOMINIUM, INC.

Principal Place of Business

CARL Schwab
% BARBARA SCHIFANO, MARCO POLO RESTAURANT
30 MARCO LAKE DR., UNIT 10
MARCO ISLAND FL 34145
US

Mailing Address

CARL Schwab
% BARBARA SCHIFANO, MARCO POLO RESTAURANT
30 MARCO LAKE DR., UNIT 10
MARCO ISLAND FL 33937
US

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90105 041 ****61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

08/21/1973

4. FEI Number

59-1532046

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SCHIFANO, PHILIP
MARCO POLO REST
30 MARCO LAKE DRIVE UNIT 10
MARCO ISLAND FL 34145

10. Name and Address of New Registered Agent

81 Name **CARL W. Schwab**
82 Street Address (P.O. Box Number is Not Acceptable)
MARCO POLO REST
83 **30 MARCO LAKE DR**
84 City **MARCO** 85 Zip Code **FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/99

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **P**
NAME **CONDEE, DONALD E.**
STREET ADDRESS **959 N. BARFIELD**
CITY-ST-ZIP **MARCO ISLAND FL**

TITLE **TD** ☒ DELETE

NAME **SCHIFANO, PHILIP**
STREET ADDRESS **30 MARCO LAKE DR**
CITY-ST-ZIP **MARCO ISLAND FL**

TITLE **SD** ☐ DELETE

NAME **DUNCAN, KATHRYN**
STREET ADDRESS **17021 BLUE HERON DR**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE

NAME **WALDORF, DOTIE E.**
STREET ADDRESS **30 MARCO LAKE DR.**
CITY-ST-ZIP **MARCO ISLAND FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

TR ☒ Change ☐ Addition
CARL W. Schwab
30 MARCO LAKE DR
MARCO ISLAND FL 34145

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, with all other like empowered.

SIGNATURE:

Carl W. Schwab
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/99
Date

Daytime Phone #

CR2E037 (11/98)