

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728127

FILED
Mar 22, 2007
Secretary of State

Entity Name: MARCO ISLAND CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

1770 SAN MARCO ROAD
SUITE 204
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

Current Mailing Address:

1770 SAN MARCO ROAD
SUITE 204
MARCO ISLAND, FL 34145 US

New Mailing Address:

FEI Number: 23-7093377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GFPAC SERVICES, LLC
5551 RIDGEWOOD DR. #501
NAPLES, FL 34108 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: SULLIVAN, KATHRYN
Address: 1330 CAXAMBAS COURT
City-St-Zip: MARCO ISLAND, FL 34145

Title: VD () Delete
Name: JORDAN, HOWARD
Address: 1820 TRAVIDA TERRACE
City-St-Zip: MARCO ISLAND, FL 34145

Title: TD () Delete
Name: TROTTER, BEVERLY
Address: 824 CARIBBEAN COURT
City-St-Zip: MARCO ISLAND, FL 34145

Title: SD () Delete
Name: YOUNMAN, JOANNE
Address: 396 NASSAU COURT
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: TD (X) Change () Addition
Name: BEZOS, BERNARDO
Address: 1588 BISCAYNE WAY
City-St-Zip: MARCO ISLAND, FL 34145

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: KATHRYN SULLIVAN

PD

03/22/2007

Electronic Signature of Signing Officer or Director

Date