

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90263 049 ****61.25

DOCUMENT # 728991 1. Entity Name MARISOL PLAZA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 921 SEAGRAPE DR. PO BOX 793 MARCO ISLAND, FL 34146 US				Mailing Address PO BOX 793 MARCO ISLAND, FL 34146 US	
2. Principal Place of Business 834 Bald Eagle Dr.		3. Mailing Address 834 Bald Eagle Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		03302005 Chg-NP CR2E037 (10/03)	
City & State Marco Island FL		City & State Marco Island FL		4. FEI Number 59-1834152	
Zip 34145		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YARDLYS PROPERTY MGMT. 961 COLLIER COURT PO BOX 793 MARCO ISLAND, FL 34146				7. Name and Address of New Registered Agent Name Resort Management Street Address (P.O. Box Number is Not Acceptable) 834 Bald Eagle Dr. City Marco Island FL Zip Code 34145	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLEY, FRANCIS 921 SGAGRADE DR MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Purevich, Edward 921 Seagrape Dr #409 Marco FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PUREVICK, EDWARD 921 SEAGRAPE DR. MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kelley, Frank 921 Seagrape Dr # A201 Marco FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRIDE, WILLIAM 921 SEAGRAPE DR MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHURCH, EARL 921 SEAGRAPE DR., 501 MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARNEY, WILLIAM 921 SEAGRAPE DR., 506 MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Harney, William 921 Seagrape Dr # 506 marco Island, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: <u>William Harney</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					