



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-21-2008 90023 035 \*\*\*\*61.25

<b>DOCUMENT # 729130</b> 1. Entity Name <b>MARCO BAY YACHT CLUB, INC.</b>					
Principal Place of Business <b>P O BOX 13</b> <b>MARCO ISLAND, FL 34146 US</b>			Mailing Address <b>PO BOX 13</b> <b>MARCO ISLAND, FL 34146 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State  Zip                      Country		03162008    Chg-NP                      CR2E037 (12/06)	
4. FEI Number <b>59-1793095</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ORSOLINI, ALEX</b> <b>1032 FIELDSTONE DR</b> <b>MARCO ISLAND, FL 34145</b>			7. Name and Address of New Registered Agent Name <u>VROMAN Bob</u> Street Address (P.O. Box Number is Not Acceptable) <u>145 LANDMARK</u> City <u>MARCO ISLAND</u> <b>FL</b> Zip Code <u>34145</u>		
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>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORSOLINI, ALEX 1032 FIELDSTONE DR MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>CAVAT D</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VROMAN BOB</b> <b>145 LANDMARK</b> <b>MARCO ISLAND FLA 34145</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VROMAN, BOB 145 LANDMARK ST MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DOGGETT JOE</b> <b>1264 WHITEHEART AVE</b> <b>MARCO ISLAND FLA 34145</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD DOGGETT, JOE 1264 WHITEHEART AVE MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>HORTON, William</b> <b>1103 EDINGTON PL</b> <b>MARCO ISLAND FLA 34145</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OSTRO, PHYLLIS 1556 BUCCANEER CT MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ANZALONE SUE</b> <b>899 S. JOY CIRCLE</b> <b>MARCO ISLAND FLA 34145</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HORTON, CEA 1103 EDINGTON PL MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>HORTON CEA</b> <b>1103 EDINGTON PL</b> <b>MARCO ISLAND FLA</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.					
<b>SIGNATURE:</b> <u>Celia A Horton</u> <b>CELIA A HORTON</b> 3-17-08    239-642-8928 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					