


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90306 048 \*\*\*\*61.25

**DOCUMENT # 732797**

1. Entity Name  
**MARCO ISLAND TAXPAYERS' ASSOCIATION, INC.**



Principal Place of Business  
**1558 HEIGHTS CT  
 MARCO ISLAND, FL 34145 US**

Mailing Address  
**PO BOX 1263  
 MARCO ISLAND, FL 34146 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04152004 Chg-NP CR2E037 (10/03)

City & State

City & State

Zip

Country

Country

4. FEI Number  
**59-1828783**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCUDERI, SALVATORE C  
 571 S COLLIER BLVD  
 MARCO ISLAND, FL 34145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent's signature required when retaking)

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	BILES, FAY R	1588 HEIGHTS CT	MARCO ISLAND, FL 34145	<input type="checkbox"/>
D	MERRITT, JEAN	265 WATERSIDE CIR. #102	MARCO ISLAND, FL 34145	<input type="checkbox"/>
VP	PETERSON, BOB	1721 MACAO CT	MARCO ISLAND, FL 34145	<input type="checkbox"/>
PP	BILES, FAYE R	1588 HEIGHTS CT	MARCO ISLAND, FL 34145	<input type="checkbox"/>
D	REYNOLDS, JOYCE	1559 BUCCANEER CY	MARCO ISLAND, FL 34145	<input type="checkbox"/>
TD	BLANEY, ART	1140 TWIN OAK CT	MARCO ISLAND, FL 34145	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add'n
VP	BILL DUNCAN	161 GREENVIEW ST	MARCO ISLAND FL 34145	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 all other like empowered.

SIGNATURE: Arthur Blaney Treasurer **4/16/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

**ARTHUR BLANEY**