


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

04-21-2008 90076 013 \*\*\*\*61.25

|  |   |   |  |
|--|---|---|--|
| <b>DOCUMENT # 732797</b>   |   |                                    |  |
| 1. Entity Name<br><b>MARCO ISLAND TAXPAYERS' ASSOCIATION, INC.</b>   |   |   |  |
| Principal Place of Business<br><b>1558 HEIGHTS CT<br/>MARCO ISLAND, FL 34145 US</b>  |   | Mailing Address<br><b>PO BOX 1263<br/>MARCO ISLAND, FL 34146 US</b>   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |
| City & State   |   | City & State  |  |
| Zip  | Country                                       | Zip   | Country  |
| 4. FEI Number<br><b>59-1828783</b>   |   | Applied For<br><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  |   | 7. Name and Address of New Registered Agent   |  |
| <b>DUKLAUER, ROBERT<br/>1360 QUINTARA<br/>MARCO ISLAND, FL 34145</b>   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |  |
| <b>Filing Fee is \$61.25 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> |  |
|  |   | <b>Make check payable to Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |
| TITLE  | P <input type="checkbox"/> Delete             | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | <b>BILES, FAY R</b>                           | NAME  |  |
| STREET ADDRESS   | <b>1588 HEIGHTS CT</b>                        | STREET ADDRESS  |  |
| CITY-ST-ZIP  | <b>MARCO ISLAND, FL 34145</b>                 | CITY-ST-ZIP   |  |
| TITLE  | D <input type="checkbox"/> Delete             | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | <b>MCCUNE, LINDA</b>                          | NAME  |  |
| STREET ADDRESS   | <b>1596 SHORES CT.</b>                        | STREET ADDRESS  |  |
| CITY-ST-ZIP  | <b>MARCO ISLAND, FL 34145</b>                 | CITY-ST-ZIP   |  |
| TITLE  | VP <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | <b>DUNCAN, BILL</b>                           | NAME  |  |
| STREET ADDRESS   | <b>161 GREENVIEW ST</b>                       | STREET ADDRESS  |  |
| CITY-ST-ZIP  | <b>MARCO ISLAND, FL 34145</b>                 | CITY-ST-ZIP   |  |
| TITLE  | S <input checked="" type="checkbox"/> Delete  | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | <b>FRANCES, ENMAN</b>                         | NAME  | <b>S Jean Merritt</b>  |
| STREET ADDRESS   | <b>701 NAUTILUS CT.</b>                       | STREET ADDRESS  | <b>7143 Marconi CT</b>   |
| CITY-ST-ZIP  | <b>MARCO ISLAND, FL 34145</b>                 | CITY-ST-ZIP   | <b>Naples, FL 34114</b>  |
| TITLE  | D <input type="checkbox"/> Delete             | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | <b>REYNOLDS, JOYCE</b>                        | NAME  |  |
| STREET ADDRESS   | <b>1559 BUCCANEER CT</b>                      | STREET ADDRESS  |  |
| CITY-ST-ZIP  | <b>MARCO ISLAND, FL 34145</b>                 | CITY-ST-ZIP   |  |
| TITLE  | TD <input checked="" type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | <b>WALSH, PATRICIA</b>                        | NAME  | <b>TD Karen Glaub</b>  |
| STREET ADDRESS   | <b>224 BERMUDA ROAD</b>                       | STREET ADDRESS  | <b>46 Gulfport CT</b>  |
| CITY-ST-ZIP  | <b>MARCO ISLAND, FL 34145</b>                 | CITY-ST-ZIP   | <b>Marco Island FL 34145</b>   |
| 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. |   |   |  |
| SIGNATURE: <u>Jay R. Biles</u>   |   | Date: <u>April 21, 2008</u>   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | <small>Date</small>   |  |

FAY R Biles

289 Days Ago 3089  
 Fax 239 394 8140