

# 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 <b>MARCO ISLAND TAXPAYERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>1558 HEIGHTS CT</b> <b>MARCO ISLAND, FL 34145 US</b>			Mailing Address <b>PO BOX 1263</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		City & State		4. FEI Number <b>59-1828783</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DUKLAUER, ROBERT</b> <b>1360 QUINTARA</b> <b>MARCO ISLAND, FL 34145</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<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</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <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	P <b>BILES, FAY R</b> <b>1588 HEIGHTS CT</b> <b>MARCO ISLAND, FL 34145</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>MCCUNE, LINDA</b> <b>1596 SHORES CT.</b> <b>MARCO ISLAND, FL 34145</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>DUNCAN, BILL</b> <b>161 GREENVIEW ST</b> <b>MARCO ISLAND, FL 34145</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <b>FRANCES, ENMAN</b> <b>701 NAUTILUS CT.</b> <b>MARCO ISLAND, FL 34145</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>REYNOLDS, JOYCE</b> <b>1559 BUCCANEER CT</b> <b>MARCO ISLAND, FL 34145</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <b>WALSH, PATRICIA</b> <b>224 BERMUDA ROAD</b> <b>MARCO ISLAND, FL 34145</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete	
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.			S <b>Jean Merritt</b> <b>7143 Marconi CT</b> <b>Naples, FL 34114</b>		
SIGNATURE: <u>Jay R. Biles</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			TD <b>Karen Glaub</b> <b>46 Gulfport CT</b> <b>Marco Island FL 34145</b>		

FAY R Biles

April 21, 2008

289 Days 3089

for 239 394 8140