

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732797

FILED
Mar 20, 2009
Secretary of State

Entity Name: MARCO ISLAND TAXPAYERS' ASSOCIATION, INC.

Current Principal Place of Business:

1558 HEIGHTS CT
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1263
MARCO ISLAND, FL 34146 US

New Mailing Address:

FEI Number: 59-1828783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUKLAUER, ROBERT
1360 QUINTARA
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BILES, FAY R
Address: 1588 HEIGHTS CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: MCCUNE, LINDA
Address: 1596 SHORES CT.
City-St-Zip: MARCO ISLAND, FL 34145

Title: VP () Delete
Name: DUNCAN, BILL
Address: 161 GREENVIEW ST
City-St-Zip: MARCO ISLAND, FL 34145

Title: S () Delete
Name: MERRIT, JEAN
Address: 7143 MARCONI CT.
City-St-Zip: NAPLES, FL 34114

Title: D () Delete
Name: REYNOLDS, JOYCE
Address: 1559 BUCCANEER CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: TD () Delete
Name: GLAUB, KAREN
Address: 46 GULFPORT CT.
City-St-Zip: MARCO ISLAND, FL 34146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HONECKER, KENNETH
Address: 632 DORANDO CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAY BILES

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date