

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732797

FILED  
Mar 30, 2010  
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  
Name: BILES, FAY R  
Address: 1588 HEIGHTS CT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: D  
Name: PETRICCA, AMADEO  
Address: 331 REGATTA  
City-St-Zip: MARCO ISLAND, FL 34145

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

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

Title: D  
Name: BERGER, LITHA S  
Address: 1648 WINDMILL  
City-St-Zip: MARCO ISLAND, FL 34145

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

I hereby 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 all other like empowered.

SIGNATURE: KAREN S. GLAUB

TD

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date