2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State
03-17-2006 90131 030 ****61.25

DOCUMENT # 734977

1. Entity Name
MARCO CRUISE CLUB, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 1024 MARCO ISLAND, FL 33969	POST OFFICE BOX 1024 MARCO ISLAND, FL 33969

400033771

02272006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 34146 Country	Zip 34146 Country

4. FEI Number 59-1925497 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HISCHENBERGER, MARGIE 718 SUN FLOWER COURT MARCO ISLAND, FL 34145	Name PETER HOLLER Street Address (P.O. Box Number is Not Acceptable) 260 MARQUESAS CT. City MARCO ISLAND FL Zip Code 34145

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 X [signature] PETER HOLLER, COMMODORE DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VDRC	☑ Delete	TITLE	VDRC	☐ Change ☑ Addition
NAME	CARAVELLA, ALEXANDER		NAME	JOSEPH WATSON	
STREET ADDRESS	716 S BARFIELD DRIVE		STREET ADDRESS	1281 LILY CT.	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	T	☑ Delete	TITLE	SD	☐ Change ☑ Addition
NAME	FRATES, J.A.		NAME	HELGA KESSEL	
STREET ADDRESS	P.O. BOX 85		STREET ADDRESS	930 CAPE MARCO DR. #100	
CITY-ST-ZIP	MARCO ISLAND, FL 34146		CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	SD	☐ Delete	TITLE	D	☑ Change ☐ Addition
NAME	HIRSCHENBERGER, MARGIE		NAME	MARGIE HIRSCHENBERGER	
STREET ADDRESS	C/O SUNFLOWER COURT		STREET ADDRESS	278 SUNFLOWER CT.	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	VDVC	☑ Delete	TITLE	VDVC	☐ Change ☑ Addition
NAME	HOLLER, PETER		NAME	HARVEY EISEN	
STREET ADDRESS	260 MARQUESAS COURT		STREET ADDRESS	280 S. COLLIER BLVD, #1501	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	T	☐ Delete	TITLE	TD	☑ Change ☐ Addition
NAME	PROOPIO, DEENS		NAME	DEENA PROCOPIO	
STREET ADDRESS	1845 WOODBINE COURT		STREET ADDRESS	1845 WOODBINE CT.	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: X [signature] DEENA PROCOPIO 3-7-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #