

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737887 (0)
1. Corporation Name
VILLE DE MARCO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1227 EDINGTON PLACE
MARCO ISLAND FL 33937**

Mailing Address
**1227 EDINGTON PLACE
MARCO ISLAND FL 33937**

3. Date Incorporated or Qualified **01/24/1977** 3a. Date of Last Report **02/22/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1221168		Applied For <input type="checkbox"/> Not Applicable	
21		26					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

MCDOWELL, JOHN C.
1215 EDINGTON PLACE, #E-6
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81	Name	JOHN M McDOWELL	
82	Street Address (P.O. Box Number is Not Acceptable)	1215 EDINGTON PLACE # E6	
83			
84	City	MARCO ISLAND	85 Zip Code FL 33937

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE JOHN M McDOWELL DATE FEB 9, 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, CHRISTINA	1.2 NAME	
STREET ADDRESS	1215 EDINGTON PLACE #L-4	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUMER, ANN B	2.2 NAME	
STREET ADDRESS	255 MARKET HILL RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	AMHERST MA	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDOWELL, JOHN M	3.2 NAME	
STREET ADDRESS	1305 APPLETREE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOBERTYVILLE IL 60048	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITE, PAUL	4.2 NAME	
STREET ADDRESS	1215 EDINGTON PLACE #A-4	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 33937	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDDLE, FRANK	5.2 NAME	
STREET ADDRESS	3921 N. MILLBROOK	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEORIA IL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN M McDOWELL **JOHN M. McDOWELL** 2/6/96 901 394 3416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)