

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**

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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCDOWELL, JOHN C. 1215 EDINGTON PLACE, #E-6 MARCO ISLAND FL 33937				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

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

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 APPLE TREE 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)