


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/24/1977	
4. FEI Number 59-1221168	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCDOWELL, JOHN M. 1215 EDINGTON PLACE E8 MARCO ISLAND FL 33937
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *John M. McDowell* 4/17/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JOHNSTON, CHRISTINA
STREET ADDRESS	1215 EDINGTON PLACE #L-4
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	SCHUMER, ANN B
STREET ADDRESS	255 MARKET HILL RD.
CITY-ST-ZIP	AMHERST MA
TITLE	TD <input type="checkbox"/> DELETE
NAME	MCDOWELL, JOHN M
STREET ADDRESS	1305 APPLETREE LANE
CITY-ST-ZIP	LOBERTYVILLE IL 60048
TITLE	SD <input type="checkbox"/> DELETE
NAME	DITE, PAUL
STREET ADDRESS	1215 EDINGTON PLACE #A-4
CITY-ST-ZIP	MARCO ISLAND FL 33937
TITLE	VPD <input type="checkbox"/> DELETE
NAME	RIDDLE, FRANK
STREET ADDRESS	3921 N. MILLBROOK
CITY-ST-ZIP	PEORIA IL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SHARP, DR. HARRY I.
1.3 STREET ADDRESS	4348 W. SUMMIT AVENUE
1.4 CITY-ST-ZIP	LAKEWOOD, NY 14750
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *A. B. ...* 5/4/98 (941) 642-4997

CR2E037 (10/97)