

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90044 037 ****61.25

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DOCUMENT # 737887

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/24/1977

4. FEI Number

59-1221168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

Harry Sharp
1215 EDINGTON PLACE
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME TR
STREET ADDRESS SHARP, DR HARRY I
CITY-ST-ZIP 4348 W SUMMIT AVE
LAKEWOOD NY 14750

TITLE ☐ DELETE
NAME PD
STREET ADDRESS SCHUMER, ANN B
CITY-ST-ZIP 255 MARKET HILL RD.
AMHERST MA

TITLE ☐ DELETE
NAME VP
STREET ADDRESS MCDOWELL, Marjory
CITY-ST-ZIP 1305 APPLETREE LANE
LOBERTYVILLE IL 60048

TITLE ☐ DELETE
NAME SE
STREET ADDRESS NELSON, GRANT E.
CITY-ST-ZIP 15 Robin Road
Woodbridge, CT 06525

TITLE ☐ DELETE
NAME DR
STREET ADDRESS READEL, HAROLD H.
CITY-ST-ZIP 1905 Avenue E
Sterling, IL 60181

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE: * *Am Signatures Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99 *

Date

941-394-3416

Daytime Phone #

CR2E037 (11/98)