

DOCUMENT # 737887

1. Entity 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 34145-2005

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

Harry I. Sharp

~~MCDOWELL, JOHN M.~~1215 EDINGTON PLACE E6
MARCO ISLAND FL 33937

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

Harry I. Sharp

(NOTE: Registered Agent signature required when reinstating)

4/18/00

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	TR	<input type="checkbox"/> Delete
NAME	SHARP, DR HARRY I	
STREET ADDRESS	4348 W SUMMIT AVE	
CITY-ST-ZIP	LAKEWOOD NY 14750	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHUMER, ANN B	
STREET ADDRESS	255 MARKET HILL RD.	
CITY-ST-ZIP	AMHERST MA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCDOWELL, JOHN M	
STREET ADDRESS	1305 APPLETREE LANE	
CITY-ST-ZIP	LOBERTYVILLE IL 60048	
TITLE	DR	<input type="checkbox"/> Delete
NAME	READEL, HAROLD H	
STREET ADDRESS	1905 AVENUE E	
CITY-ST-ZIP	STERLING IL 60181	
TITLE	SE	<input type="checkbox"/> Delete
NAME	NELSON, GRANT E	
STREET ADDRESS	15 ROBIN RD	
CITY-ST-ZIP	WOODBIDGE CT 06525	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McDowell, Marjory	
STREET ADDRESS	1305 Appletree Lane	
CITY-ST-ZIP	Libertyville, IL 60048	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Readel, Harold H.	
STREET ADDRESS	1905 Avenue E	
CITY-ST-ZIP	Sterling, IL 60181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Campanile, Tio	
STREET ADDRESS	4714 Westminster Dr	
CITY-ST-ZIP	Raleigh, NC 27604	

12. 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 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:

HARRY I. SHARP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

Date

(941) 394-3416

Daytime Phone #

4/

FILED

May 15, 2000 8:00 am
Secretary of State

04-10-2000 90062 039 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1221168

Applied For

Not Applicable

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

CR2E037 (9/99)