

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90049 038 \*\*\*\*61.25

**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 33937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1221168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUKULJAN, Z. VAL  
1215 EDINGTON PLACE  
N-6  
MARCO ISLAND FL 34145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TR  
NAME KUKULJAN, VAL ☒ Delete  
STREET ADDRESS 5961 N SHORELAND AVENUE  
CITY-ST-ZIP MILWAUKEE WI 53217

TITLE D Don Summers ☐ Change ☒ Addition  
NAME 1215 Edington Place  
STREET ADDRESS Marco Island, FL 34145  
CITY-ST-ZIP

TITLE Pres. ☐ Delete  
NAME BIERMAN, CAROL  
STREET ADDRESS 4 CUSHING GREEN HORTH  
CITY-ST-ZIP PAWLING NY 12564

TITLE President ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME WOLFE, MARY  
STREET ADDRESS 368 FERNWOOD AVENUE  
CITY-ST-ZIP TALLMADGE OH 44278

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Treas. ☐ Delete  
NAME LEVY, BERNARD  
STREET ADDRESS 27 HIDDEN RIDGE TR  
CITY-ST-ZIP JACKSON MI 49203

TITLE Treasurer ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Sect. ☐ Delete  
NAME HUGHES, DOROTHY  
STREET ADDRESS 1215 EDINGTON PL  
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE Secretary ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D Robert Moore ☐ Change ☒ Addition  
NAME 1215 Edington Place  
STREET ADDRESS Marco Island, FL 34145  
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carol S. Bierman

2/17/04