

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737887

FILED
Mar 31, 2009
Secretary of State

Entity Name: VILLE DE MARCO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1227 EDINGTON PLACE
MARCO ISLAND, FL 33937

New Principal Place of Business:

Current Mailing Address:

1227 EDINGTON PLACE
MARCO ISLAND, FL 33937

New Mailing Address:

FEI Number: 59-1221168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, BERNARD
1215 EDINGTON PLACE
K-3+4
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

VOLHR CORPORATION
981 NORTH COLLIER BLVD.
MARCO ISLAND, FL 34145 US

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: BARBARA NOLAN

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: LEWANDOWSKI, CHRIS
Address: 5332 PRAIRIE SAGE LANE
City-St-Zip: NAPERVILLE, IL 60564

Title: D () Delete
Name: LEVY, BERNARD
Address: 27 HIDDEN RIDGE TR
City-St-Zip: JACKSON, MI 49203

Title: D () Delete
Name: SCHMITT, LEON
Address: 1810 NORTH RIVERSIDE DR
City-St-Zip: MCHENRY, IL 60050

Title: S () Delete
Name: MCMILLEN, PAM
Address: 1217 EDINGTON PLACE #17
City-St-Zip: MARCO ISLAND, FL 34145

Title: T (X) Delete
Name: LVALLEE, CINDY
Address: 458 MARQUESAS CT.
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: BAUMANN, JAMES
Address: 1215 EDINGTON PLACE, UNIT N4
City-St-Zip: MARCO ISLAND, FL 34145

Title: S (X) Change () Addition
Name: TEARNEY, JUDY
Address: 1215 EDINGTON PLACE, UNIT J6
City-St-Zip: MARCO ISLAND, FL 34145

Title: VP (X) Change () Addition
Name: SCHMITT, LEON
Address: 1810 NORTH RIVERSIDE DR
City-St-Zip: MCHENRY, IL 60050

Title: P (X) Change () Addition
Name: MCMILLEN, PAM
Address: 1217 EDINGTON PLACE #17
City-St-Zip: MARCO ISLAND, FL 34145

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAM MCMILLEN

PRES

03/31/2009

Electronic Signature of Signing Officer or Director

Date