## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

MARKER 40 CLUB, INC.

## **FILED** Mar 27 1998 8:00am Secretary of State

. 100111 10000 11101 10111 01011	 4.4 2.4 4.2

Principal Place of Business Mailing Address				I FEDRI 19000 ELIAN 18511 OLDIN OLDIN DIDIL DIDIL DIBLI DIBLI DIBLI DIBLI DIDIL DIBLI						
% FLO ZIEGLER % FLO ZIEGLER					3. Date incorporated or Qualified					
1675 MULLET (   NAPLES FL 341			167 NA	75 MULLET COURT	ı			03/24/1977		
US	102		THE	PLES FL 89002	192			4. FEI Number Applied For		
								<b>59-1726231</b>   Not Applicable		
2. Principal Pr	lace of Busin	1855	<del></del>	Mailing Address				5. Certificate of Status Desired		
Suite, Apt.	# elc	····	26	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be		
22	, 5.0.		27					Trust Fund Contribution Added to Fees		
City & State	ė			City & State				7. Is this nonprofit corporation a homeowners association?		
23			28			<del></del>		☐ Yes ☐ No		
Zip		Country	<u> </u>	Zip	_	untry	•	8. This corporation owes or has paid the current year Intangible		
24	0 Name	25 and Address of Curren	29	tered Agent	30	Τ.		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		
	y, Maille	Bild Address of Collec	ir ueðis	relen Agent		B1	Name			
71501 50	e e									
ZIEGLEF 1875 MI	ILLET COL	IRT				82	Street	t Address (P.O. Box Number is Not Acceptable)		
	FLL 3410					83				
10	, , 👊 - , , ,	-				84	City	■ 85 Zip Code		
							,	FL   "   '		
11. Pursuant i	to the provis	ions of Sections 617.050	2 and 6	17.1508, Florida Stat	utes, the a	bove d be	e-named the con	d corporation submits this statement for the purpose of changing its registered progration's board of directors. I hereby accept the appointment as registered		
agent. I a	m familiar w	th, and accept the oblig	ations of	, Section 617.0503, I	lorida Sta	tute	S.	,		
SIGNATURE				H	OVE Depleter		ni alaoat na	are required when reinstating) DATE		
12.	Signature, typed	or printed name of registered age OFFICERS AN			13.	ea Age	ent alghature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P			DELETE		ITLE		Change Addition		
NAME	SHANA	HAN, HOWARD			1.21	IAME				
STREET ADDRESS	2066 SI	NOOK DRIVE			1.3 9	STREET	ADORESS			
CITY-ST-ZIP	NAPLES	S, FL 00000			1.4 (	CITY-S	T-21P			
TITLE	D			☐ DELETE		TITLE		Change		
NAME		ROBERT	_			IAME				
STREET ADDRESS		HARRYSTONE CIRCLE	3				ADDRESS			
CITY-ST-ZIP TITLE	NAPLES D	FL		☐ DELETE		CHY-:	ST-ZIP	Brodhead, Gary VP KI Change Addition		
NAME	_	EAD, GARY		<u> </u>		NAME		1200 Cherrystone Ct.		
STREET ADDRESS		HERRYSTONE CT					ADDRESS	N N 19T		
CITY-ST-ZIP	NAPLES				3.4.	CITY-	ST-ZIP			
TITLE	STD			DELETE	4.13	TILE		Change Addition		
NAME	ZIEGLE				4. 2	NAME				
STREET ADDRESS		ULLET CT.					ADDRE\$S	5		
CITY-ST-ZIP		S, FL 00000		DELETE			ST-ZIP	Foster, Jr., Alan D K Change Addition		
TITLE	VP EOSTE	O ID ALAN		La veceit		TITLE NAME		2711 66th ST. S.W.		
NAME STREET ADDRESS		r Jr, Alan Bth St Sw					ADDRESS	1 - '		
CITY-ST-ZIP	NAPLES						T-ZIP	I MANAGO! II		
TITLE	IWN LLV	7 T 12		☐ DELETE		TITLE		Change Addition		
NAME				_		NAME				
STREET ADDRESS							ADDRESS	s		
CITY-ST-ZIP					6.40	CITY - S	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.

Flo Ziegler, Secy. 1017

3-24-98

941-775-2273