

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90036 007 ****61.25

DOCUMENT # -738444

1. Entity Name

MARKER 40 CLUB, INC.



Principal Place of Business

Mailing Address

% JAMES LAVINSKY
121 VERSAILLES CIR
NAPLES FL 34112
US

% JAMES LAVINSKY
121 VERSAILLES CIR
NAPLES FL 34112
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1726231

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

LAVINSKI, JAMES
121 VERSAILLES CIR
NAPLES FL 34112

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, 2007**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LEMMON, LEROY
116 PIERH
NAPLES FL 34112 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V/D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
BRODHEAD, GARY
1200 CHERRYSTONE CT
NAPLES FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
A/D
ALAN FOSTER JR
2711 68TH ST SW
NAPLES, FL 34105 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
VAUTIN, CLAUDE
2827 AINTREE LANE 101
NAPLES FL 34112 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S/T/D
MARY ELLEN SHUCART
2614 TAMiami TRAIL N # 700
NAPLES, FL 34103 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
DOERY, ARNOLD
7698 NAPLES HERITAGE DR.
NAPLES FL 34112 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SEIDLER, ROBERT
1312 CHESAPEAKE AVE
NAPLES FL 34102 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Robert C Seidler
Robert C Seidler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/07 239-774-7949