

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90038 048 ****61.25

DOCUMENT # 738444

1. Entity Name

MARKER 40 CLUB, INC.



Principal Place of Business

% JAMES LAVINSKY
121 VERSAILLES CIR
NAPLES FL 34112
US

Mailing Address

% 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

4. FEI Number

59-1726231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

LAVINSKI, JAMES
121 VERSAILLES CIR
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name Mary Ellen Shucart
Street Address (P.O. Box Number is Not Acceptable) 3034 GARDENS Blvd
City Naples FL Zip Code 34105

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

Mary Ellen Shucart

MARY ELLEN SHUCART

3/6/08

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, 2008

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	LEMMON, LEROY	
STREET ADDRESS	116 PIERH	
CITY- ST- ZIP	NAPLES FL 34112	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FOSTER, JR, ALAN	
STREET ADDRESS	2711 68TH ST SW	
CITY- ST- ZIP	NAPLES FL 34105	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SHUCART, MARY ELLEN	
STREET ADDRESS	264 TAMiami TRAIL N #700	
CITY- ST- ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEIDLER, ROBERT	
STREET ADDRESS	1312 CHESAPEAKE AVE	
CITY- ST- ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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:

Mary Ellen Shucart

3/6/08

Cell 239-682-4897
239-435-0619