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Apr 29 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739338 (2)**

1. Corporation Name

**PILOT CLUB OF MARCO ISLAND, INC.**

Principal Place of Business	Mailing Address
BOX 18 MARCO ISLAND FL 33969	BOX 18 MARCO ISLAND FL 33969



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	06/13/1977
4. FEI Number	23-7427438
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CHRISTIAN, JIMMIE A**  
**950 SCOTT DR.**  
**MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	RS	<input type="checkbox"/> DELETE
NAME	MCCULLEY, DARYL	
STREET ADDRESS	1190 EMBER CT	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STEIN, GAYLE	
STREET ADDRESS	800 APPLE CT	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WONNEAMACHER, ANDREA	
STREET ADDRESS	1420 CUTLER CT	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CAHN, JOANN	
STREET ADDRESS	801 S COLLIER N-401	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CHRISTIAN, JIMMIE A	
STREET ADDRESS	950 SCOTT DR	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POPOVICI, ANN	
STREET ADDRESS	407 GRENADA AVE	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P Purcell, Jane
4.3 STREET ADDRESS	214 Meadowsbrook Court
4.4 CITY-ST-ZIP	Marco Island, FL 34145
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T McBride, Brenda
5.3 STREET ADDRESS	20 Tahiti Road
5.4 CITY-ST-ZIP	Marco Island, FL 34145
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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.

SIGNATURE: *Brenda McBride* *Treasure 3/25/98 (941) 394-4212*

CR2E037 (10/97)