

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 747069**

1. Entity Name

MARCO ISLAND RESIDENTS BEACH ASSOCIATION, INC.



Principal Place of Business

1588 HEIGHTS CT.  
MARCO ISLAND FL 34145

Mailing Address

1588 HEIGHTS CT.  
MARCO ISLAND FL 34145

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1945804

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

FILES, BEDFORD  
15884 HEIGHTS CT.  
MARCO ISLAND FL 34-1455

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, 2005**

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 PD  
NAME FILES, BEDFORD ☐ Delete  
STREET ADDRESS 1588 HEIGHTS COURT  
CITY- ST- ZIP MARCO ISLAND FL 34145

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
00000000000000000000000000000000  
04/25/05-80165-009 \$1.25

TITLE VPD  
NAME TATEO, HELEN ☐ Delete  
STREET ADDRESS 105 GREEN BRIAR ST  
CITY- ST- ZIP MARCO ISLAND FL 34145

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

TITLE STD  
NAME BERNADETTE, LAVIN ☐ Delete  
STREET ADDRESS 106 DEL BROOK WAY  
CITY- ST- ZIP MARCO ISLAND FL 34145

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

TITLE D  
NAME LOVE, JIM ☐ Delete  
STREET ADDRESS 817 SOUTH HEATHWOOD DR.  
CITY- ST- ZIP MARCO ISLAND FL 34145

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

TITLE D  
NAME PERET, RAY ☐ Delete  
STREET ADDRESS 665 CRESCENT STREET  
CITY- ST- ZIP MARCO ISLAND FL 34145

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

12. 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 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:

*Bedford H. Files, President*  
*Bedford H. Files, President*

*04-19-04 339-394-3089*

Date

Daytime Phone