

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

04-21-2003 91183 041 ****61.25

DOCUMENT # 747069

1. Entity Name

MARCO ISLAND RESIDENTS BEACH ASSOCIATION, INC.



Principal Place of Business

1588 HEIGHTS CT. - Heights Ct
MARCO ISLAND FL 34145

Mailing Address

1588 HEIGHTS CT.
MARCO ISLAND FL 34145

2. Principal Place of Business

3. Mailing Address

1588 Heights Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Marco Island Fl.

Marco Island Fl.

City & State

City & State

34145 Collier

34145 Collier

Zip

Zip

Country

Country

34145 Collier

34145 Collier

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BILES, BEDFORD
1588 HEIGHTS CT. - 1588 Heights Ct.
MARCO ISLAND FL 34145

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 resigning)

DATE

FILE NOW: FEE IS \$61.25

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	P	<input type="checkbox"/> Delete
NAME	BILES, BEDFORD	
STREET ADDRESS	1588 HEIGHTS COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TATEO, HELEN	
STREET ADDRESS	105 GREEN BRIAR ST	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BERNADETTE, LAVIN	
STREET ADDRESS	108 DEL BROOK WAY	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRYNER, ANN	
STREET ADDRESS	1845 LUDLOW ROAD	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERET, RAY	
STREET ADDRESS	685 CRESCENT STREET	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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. Biles

Bedford H. Biles 4/19/03 238-3743089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)