


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90024 045 ****61.25

DOCUMENT # 747868

1. Entity Name
MARBELLE CLUB OF MARCO ISLAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
840 S COLLIER BLVD
MARCO ISLAND, FL 34145 US


Mailing Address
840 S COLLIER
MARCO ISLAND, FL 34145 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country



01072004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2152381

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GREUSEL, JAIME B
1104 N COLLIER BLVD
MARCO ISLAND, FL 34145

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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 D NAME KNUDSON, GEOFFREY STREET ADDRESS 840 S. COLLIER BLVD. CITY-ST-ZIP MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete
TITLE DP NAME WALKER, WILLIAM STREET ADDRESS 840 S COLLIER BLVD. CITY-ST-ZIP MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete
TITLE D NAME DOLAN, VINCE STREET ADDRESS 840 S COLLIER BLVD. CITY-ST-ZIP MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Delete
TITLE DT NAME SMITH, WILLIAM STREET ADDRESS 840 S. COLLIER BLVD. CITY-ST-ZIP MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete
TITLE DS NAME AKERS, DAVID STREET ADDRESS 840 S. COLLIER BLVD. CITY-ST-ZIP MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete
TITLE D NAME OWEN, JOHN STREET ADDRESS 840 S. COLLIER BLVD. CITY-ST-ZIP MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME GUIDI, RAY STREET ADDRESS 840 S COLLIER BLVD CITY-ST-ZIP MARCO ISLAND FL 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME JOSS, BILL STREET ADDRESS 840 S COLLIER BLVD CITY-ST-ZIP MARCO ISLAND FL 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME WALLACH, ANDREW STREET ADDRESS 840 S COLLIER BLVD CITY-ST-ZIP MARCO ISLAND FL 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DT NAME SMITH, ROBERT STREET ADDRESS 840 S COLLIER BLVD CITY-ST-ZIP MARCO ISLAND FL 34145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME AKERS, DAVID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS NAME OWEN, JOHN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: William Walker Date: 02/27/04 Daytime Phone #: 239-394-7668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR