2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #747868

1. Entity Name



FILED Mar 15, 2006 8:00 am Secretary of State 03-15-2006 90108 048 ****61.25

	LE CLUB OF MARCO ISLA ATION, INC.	ND CONDOMINIUM)3-13-2000 901¢	00 046 0	1.25
Principal Place 840 S COLLII MARCO ISLAN		Mailing Address 840 S COLLIER MARCO ISLAND, FL 3414	5 US				
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Z. Principal P	tace of Business	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02242006 C	Chg-NP CR	2E037 (11/05)	
City & State	e	City & State		4. FEI Number 59-21523	81		oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of S	Status Desired	\$8.75 Ad	ditional
	6. Name and Address of Current	Registered Agent		7. Name and Ad	dress of New Registe	red Agent	
GREUSEL, JAIME B			Name				
	OLLIER BLVD SLAND, FL 34145		Street Add	fress (P.O. Box Number is	Not Acceptable)		
			City			Zip Cod	le
R. The above	named entity submits this statement for	or the number of changing its re-		naintered agent as both i		rt i	
the obligat	tions of registered agent.	or the purpose of changing its re-	gistered office of re	egistered agent, or both, i	Tine State of Florida.) यात स्थानमध्या भ ातः,	, апо ассері
SIGNATURE .	Signature, typed or printed name of registered agont	and trie of applicable. (NOTE: R	CONTRACT ASSESSMENT	required when reinstating)			
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,,,	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campa Trust Fund Cor	aign Financing	\$5.00 May Be	Make c	theck payable to epartment of S	
10.	Due by May 1, 2006 OFFICERS AND DI	9. Election Campi Trust Fund Cor	aign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make c	check payable to epartment of S	v 10
	Due by May 1, 2006	9. Election Camp: Trust Fund Cor	aign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make c Florida De GES TO OFFICERS AN	check payable tepartment of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

•		1.	Rlleam	gu	(100a)
SIGNATU	IRE:	u	Juliam		<i>will</i>

03.13.06

239-394-7668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARG OFFICER OR DIRECTOR