


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90197 032 \*\*\*\*70.00

**DOCUMENT # 753258**  
 1. Entity Name  
**MARCO RESORT & CLUB CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
 1202 BALD EAGLE DRIVE  
 MARCO ISLAND, FL 34145 US


Mailing Address  
 % W.O. KRAMER  
 1838 40TH TERRACE S.W.  
 NAPLES, FL 34116

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

3. Mailing Address  
**11925 COLLIER BLVD**  
 Suite, Apt. #, etc.  
**#201**

City & State  
**NAPLES, FL**

Zip Country  
**34116-6543 USA**



01102004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2047101**

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

6. Name and Address of Current Registered Agent  
**KRAMER, WILLIAM D., P.A.**  
**1838 40TH TERRACE S.W.**  
**NAPLES, FL 34116**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**11925 COLLIER BLVD, #201**  
 City **NAPLES** FL Zip Code **34116-6543**

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 *William D. Kramer* **WILLIAM D. KRAMER** **APR 12 2004**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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	P	<input type="checkbox"/> Delete
NAME	REIFF, ARTHUR F	
STREET ADDRESS	1831 EMBARCADERO WAY	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LUTTINGER, WILLIAM	
STREET ADDRESS	3280 N.E. 165TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	S	<input type="checkbox"/> Delete
NAME	CALZADO, RAMONA	
STREET ADDRESS	9921 N.W. 32ND STREET	
CITY-ST-ZIP	MIAMI, FL 331721067	
TITLE	T	<input type="checkbox"/> Delete
NAME	GOODMAN, KENNETH	
STREET ADDRESS	6622 NEW HAVEN CIRCLE	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINER, RUSSELL	
STREET ADDRESS	511 WEST 40TH PLACE	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNOWLES, WINONA	
STREET ADDRESS	315 N.E. 121ST TERRACE	
CITY-ST-ZIP	NORTH MIAMI, FL 33161	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Arthur F. Reiff* **ARTHUR F. REIFF** **4/16/04 239-543-0927**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #