


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90551 026 ****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 11925 COLLIER BLVD. #201 NAPLES, FL 34116-6543		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2047101
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
KRAMER, WILLIAM D., P.A. 11925 COLLIER BLVD. #201 NAPLES, FL 34116			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			FL	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIFF, ARTHUR F		NAME	
STREET ADDRESS	1831 EMBARCADERO WAY		STREET ADDRESS	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTTINGER, WILLIAM		NAME	
STREET ADDRESS	3280 N.E. 165TH STREET		STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALZADO, RAMONA		NAME	
STREET ADDRESS	9921 N.W. 32ND STREET		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 331721067		CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, KENNETH		NAME	
STREET ADDRESS	6622 NEW HAVEN CIRCLE		STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINER, RUSSELL		NAME	
STREET ADDRESS	511 WEST 40TH PLACE		STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, WINONA		NAME	
STREET ADDRESS	315 N.E. 121ST TERRACE		STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI, FL 33161		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: <i>Arthur F. Reiff</i> ARTHUR F. REIFF			Date	Daytime Phone #
			1/12/05	239-394-2777