


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90027 016 \*\*\*\*70.00

<b>DOCUMENT # 753258</b>					
1. Entity Name MARCO RESORT & CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1202 BALD EAGLE DRIVE MARCO ISLAND, FL 34145 US			Mailing Address 3721 RUNNING DEER. SEBRING, FL 33872-4509 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01192008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2047101	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KRAMER, WILLIAM D., P.A. 3721 RUNNING DEER SEBRING, FL 33872-4509			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 checked="" 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, ARGIMIRO E		NAME		
STREET ADDRESS	3000 CORAL WAY #504		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33145		CITY - ST - ZIP		
TITLE	T. V. F.	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRICAL, PHILIP		NAME		
STREET ADDRESS	337 LUDLOW ST		STREET ADDRESS		
CITY - ST - ZIP	HAMILTON, OH 45011		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	T	<input checked="" 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 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.					
SIGNATURE: <u>Arthur F. Reiff</u> (ARTHUR F. REIFF)			Date: <u>3/20/08</u> 863-386-0064		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		