

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90389 028 \*\*\*\*61.25

**DOCUMENT # 754566**

1. Entity Name  
**TROPIC SCHOONER CONDOMINIUM APARTMENTS OF MARCO, INC.**



40075196

Principal Place of Business  
**1524 MAINSAIL DR  
NAPLES, FL 34114 US**

Mailing Address  
**834 BALD EAGLE DR  
MARCO ISLAND, FL 34145 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-2613577**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREUSEL, JAMIE  
1104 N COLLIER BLVD  
MARCO ISLAND, FL 34145**

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

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete  
NAME **MUELLER, WERNER**  
STREET ADDRESS **17017 HUNTINGTON WOODS DR**  
CITY-ST-ZIP **MACOMB, MI 48042**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **REWALD, BARBARA**  
STREET ADDRESS **1512 #1 MAINSAIL DR**  
CITY-ST-ZIP **NAPLES, FL 34114**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **LAPORE, PEGGE**  
STREET ADDRESS **1516 MAINSAIL DR #11**  
CITY-ST-ZIP **NAPLES, FL 34114**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☒ Delete  
NAME **MEYER, RICK**  
STREET ADDRESS **1534 MAINSAIL DR. #6**  
CITY-ST-ZIP **NAPLES, FL 34114**

TITLE **Treasurer** ☐ Change ☒ Addition  
NAME **Douglas, Monson**  
STREET ADDRESS **8252 Fountainbleau Way**  
CITY-ST-ZIP **Cypress, CA 90630**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Monson H Douglas* **MONSON H DOUGLAS** 4-26-06 239389-2336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #