


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90433 009 ****61.25

DOCUMENT # 754566	
1. Entity Name TROPIC SCHOONER CONDOMINIUM APARTMENTS OF MARCO, INC.	

Principal Place of Business 1524 MAINSAIL DR NAPLES, FL 34114 US	Mailing Address 834 BALD EAGLE DR MARCO ISLAND, FL 34145 US
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40090268



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03282007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2613577		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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, 2007**

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 <input checked="" type="checkbox"/> VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUELLER, WERNER		NAME	
STREET ADDRESS 17017 HUNTINGTON WOODS DR		STREET ADDRESS	
CITY-ST-ZIP MACOMB, MI 48042		CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REWALD, BARBARA		NAME	
STREET ADDRESS 1512 #1 MAINSAIL DR		STREET ADDRESS	
CITY-ST-ZIP NAPLES, FL 34114		CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LAPORE, PEGGE		NAME S Moore, George	
STREET ADDRESS 1516 MAINSAIL DR #11		STREET ADDRESS Waterside Circle #101	
CITY-ST-ZIP NAPLES, FL 34114		CITY-ST-ZIP Marco Island, FL 34145	
TITLE <input checked="" type="checkbox"/> T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOUGLAS, MOASON		NAME Douglas, Monson	
STREET ADDRESS 8252 FOUNTAINBLEAU WAY		STREET ADDRESS	
CITY-ST-ZIP CYPRESS, CA 90630		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME D Tullia, Bill	
STREET ADDRESS		STREET ADDRESS 16041 Fairfield Dr.	
CITY-ST-ZIP		CITY-ST-ZIP Plainfield, IL 60586	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Barbara Rewald 4/26/07 239 389-6717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Barbara Rewald