

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 10, 2008
Secretary of State

DOCUMENT# 754581

Entity Name: MARCO DRAINAGE ASSOCIATION, INC.**Current Principal Place of Business:**C/O WCI COMMUNITIES, INC.
24301 WALDEN CENTER DR
BONITA SPRINGS, FL 34134**New Principal Place of Business:****Current Mailing Address:**C/O WCI COMMUNITIES, INC.
24301 WALDEN CENTER DR
BONITA SPRINGS, FL 34134**New Mailing Address:****FEI Number:** 59-2264472**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: JOHANSSON, STEFAN
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 33134**Title:** DVP () Delete
Name: HAWKINS, JOHN
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 33134**Title:** DS () Delete
Name: SULLIVAN, MARTIN
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 33134**Title:** DT (X) Delete
Name: TIEBOUT-TOURON, MARCIENNE
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change () Addition
Name: ERHARDT, PAUL
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 33134**Title:** DVP (X) Change () Addition
Name: HJORTAAS, ANDREW
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 33134**Title:** DST (X) Change () Addition
Name: TIEBOUT-TOURON, MARCIENNE
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 33134**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIENNE TIEBOUT-TOURON

DTS

04/10/2008

Electronic Signature of Signing Officer or Director

Date