2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
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:

11784 WEST SAMPLE ROAD
#103
CORAL SPRINGS, FL 33065

Current Mailing Address:

C/O WCI COMMUNITIES, INC.
24301 WALDEN CENTER DR
BONITA SPRINGS, FL 34134

New Mailing Address:

11784 WEST SAMPLE ROAD
#103
CORAL SPRINGS, FL 33065

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:

HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE
#300
BONITA SPRINGS, FL 34134 US

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: VIVIEN N HASTINGS 04/22/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ERHARDT, PAUL
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 33134

Title: DVP ( ) Delete
Name: HJORTAAS, ANDREW
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 33134

Title: DST ( ) Delete
Name: TIEBOUT-TOURON, MARCIENNE
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ERHARDT, PAUL
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 33134

Title: VPD (X) Change ( ) Addition
Name: RAINVELLE, RICK
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 33134

Title: TDSD (X) Change ( ) Addition
Name: TIEBOUT-TOURON, MARCIENNE
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 33134

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: MARY LOU PALMER AGT 04/22/2009
Electronic Signature of Signing Officer or Director Date