

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 755529

1. Entity Name

CASA DE MARCO, INC.



Principal Place of Business

1041 S COLLIER BLVD
201
MARCO ISLAND FL 33937
US

Mailing Address

PO BOX 2397
MARCO ISLAND FL 33969
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2261395

Applied For

Not Applicable

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

BURT, CHRISTOPHER
601 ELCKAN CIRCLE
B7
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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE PD ☐ Delete
NAME PIERRE, DONALD ST
STREET ADDRESS 1041 S. COLLIER BLVD
CITY- ST- ZIP MARCO ISLAND FL 34145

TITLE D ☐ Delete
NAME WESTFALL, THOMAS
STREET ADDRESS 1041 S. COLLIER BLVD
CITY- ST- ZIP MARCO ISLAND FL 34145

TITLE DVP ☐ Delete
NAME SCHMELZER, WANDA
STREET ADDRESS 1041 S COLLIER BLVD
CITY- ST- ZIP MARCO ISLAND FL 34145

TITLE DTS ☐ Delete
NAME DEPALMA, JANIS
STREET ADDRESS 1041 S COLLIER BLVD
CITY- ST- ZIP MARCO ISLAND FL 34145

TITLE D ☐ Delete
NAME SMITH, JUDY
STREET ADDRESS 2545 SUNNY WOOD CT
CITY- ST- ZIP BEAVERCREEK OH 45434

TITLE D ☐ Delete
NAME FESTA, ANN
STREET ADDRESS 1041 S COLLIER #406
CITY- ST- ZIP MARCO ISLAND FL 34145

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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 exemption stated in Section 119.07(3)(i), 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:

Janis Depalma

2/3/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #