

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90095 045 ****61.25

DOCUMENT # 755529

1. Entity Name

CASA DE MARCO, INC.



Principal Place of Business

Mailing Address

1041 S COLLIER BLVD
201
MARCO ISLAND FL 33937
US

PO BOX 2397
MARCO ISLAND FL 33969
US

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

1st MOORE

CR2E037 (10/06)

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 ELKAN 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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PIERRE, DONALD ST	
STREET ADDRESS	1041 S. COLLIER BLVD	
CITY - ST - ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALVAREZ, JULIO	
STREET ADDRESS	13214 SW 1ST TERRACE	
CITY - ST - ZIP	MIAMI FL 33184	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SCHMELZER, WANDA	
STREET ADDRESS	1041 S COLLIER BLVD	
CITY - ST - ZIP	MARCO ISLAND FL 34145	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	DEPALMA, JANIS	
STREET ADDRESS	1041 S COLLIER BLVD	
CITY - ST - ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JUDY	
STREET ADDRESS	2545 SUNNY WOOD CT	
CITY - ST - ZIP	BEAVERCREEK OH 45434	
TITLE	D	<input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAN FLANAGAN	
STREET ADDRESS	1423 LINCOLN AVENUE	
CITY - ST - ZIP	ST. PAUL, MN. 55105	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/07

239-642-8872