

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90120 004 ****61.25

DOCUMENT # 755529

1. Entity Name

CASA DE MARCO, INC.



Principal Place of Business

**1041 S COLLIER BLVD
201
MARCO ISLAND FL 33987-34145
US**

Mailing Address

**PO BOX 2397
MARCO ISLAND FL 33989-34146
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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, EDMUND S~~
~~900 CAPE MARCO DR 401~~
~~MARCO ISLAND FL 33987~~
CHRISTOPHER BURT
601 ELCKAN CIRCLE
B-7
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

3/21/03

FILE NOW: FEE IS \$61.25

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

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

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

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

TITLE **D** ☐ Delete
NAME **BERBERIAN, BEATRICE**
STREET ADDRESS **1041 S. COLLIER BLVD.**
CITY-ST-ZIP **MARCO ISLAND FL**

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

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

TITLE ☐ Change ☒ Addition
NAME **JUDY SMITH**
STREET ADDRESS **2545 SUNNY WOOD CT**
CITY-ST-ZIP **BEAVERCREEK, OH 45434**

TITLE **D** ☒ Delete
NAME **YAKAMIS, DOLORES**
STREET ADDRESS **1041 S COLLIER BLVD**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ Change ☒ Addition
NAME **ANN FESTA**
STREET ADDRESS **1041 S. COLLIER #406**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **D** ☒ Delete
NAME **SCHULTZ, ROBERT**
STREET ADDRESS **1041 S COLLIER BLVD**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ Change ☒ Addition
NAME **WANDA SCHMELZER**
STREET ADDRESS **1041 S. COLLIER #401**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

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:

[Signature]

4.1.03

CR2E037 (10/02)