

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90020 022 ****61.25

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1. Entity Name

MARGUERITA CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

901 HURON COURT
MARCO ISLAND FL 34145

Mailing Address

PO BOX 2397
MARCO ISLAND FL 34145



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2103535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURT, CHRISTOPHER
601 ELKCAM CIRCLE
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

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 of the 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, 2006

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 VD ☐ Delete
NAME MOORE, THOMAS
STREET ADDRESS 5927 OAKES ROAD
CITY-ST-ZIP BRECKSVILLE OH 44141

TITLE SD ☐ Delete
NAME TRIOLA, VINCENT
STREET ADDRESS 5174 WILCOX RD
CITY-ST-ZIP WHITESBORO NY 13942

TITLE T ☒ Delete
NAME DIEBOLD, JOHN
STREET ADDRESS 13691 HONEYSUCKLE DRIVE
CITY-ST-ZIP HUNTLEY IL 60142

TITLE PD ☐ Delete
NAME MCEATHRON, JAMES
STREET ADDRESS 14 PIDGEON DR
CITY-ST-ZIP WILBRAHAM MA 01095

TITLE D ☐ Delete
NAME ELIEA, PAUL
STREET ADDRESS 32 TODD COURT
CITY-ST-ZIP HUNTINGTON STATION NY 11746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE D ☐ Change ☒ Addition
NAME MICHAEL HINCHCLIFFE
STREET ADDRESS 9205 PEBBLE CREEK WAY
CITY-ST-ZIP CHARLOTTE, NC. 28269

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

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

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 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: