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

FILED
Feb 26, 2007 8:00 am
Secretary of State
02-26-2007 90083 042 ****61.25

DOCUMENT # 758752

1. Entity Name

MARGUERITA CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
901 HURON COURT MARCO ISLAND FL 34145	PO BOX 2397 MARCO ISLAND FL 34145

1st MOORE CR2E037 (10/06)

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

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	7. Name and Address of New Registered Agent
~~BURT, CHRISTOPHER~~ ~~601 ELKCAM CIRCLE~~ ~~MARCO ISLAND FL 34145~~	Name: Tony ANDRADE Street Address (P.O. Box Number is Not Acceptable): 601 ELKCAM Circle City: MARCO ISLAND FL Zip Code: 34145

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 _____ FEBRUARY 16, 2007
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MOORE, THOMAS 5927 OAKES ROAD BRECKSVILLE OH 44141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TRIOLA, VINCENT 5174 WILCOX RD WHITESBORO NY 13942	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HINCHCLIFFE, MICHAEL ~~9205 PEBBLE CREEK WY~~ ~~CHARLOTTE NC 28269~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☑ Change ☐ Addition HINCHLIFFE, MICHAEL W. 14 HEATHERWOOD DRIVE COLCHESTER, CT. 06415
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCEATHRON, JAMES 14 PIDGEON DR WILBRAHAM MA 01095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELIEA, PAUL 32 TODD COURT HUNTINGTON STATION NY 11746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☑ Addition JOHN PELLISO 125 HAMILTON ROAD ROCKVILLE CENTER, NY. 11570

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: X _____ 02/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #