

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758752

FILED  
Feb 11, 2009  
Secretary of State

**Entity Name:** MARGUERITA CLUB CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

901 HURON COURT  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2397  
MARCO ISLAND, FL 34145

**New Mailing Address:**

PO BOX 2397  
MARCO ISLAND, FL 34146

**FEI Number:** 59-2103535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDRADE, TONY  
601 ELKCAM CIRCLE  
MARCO ISLAND, FL 34145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: MOORE, THOMAS  
Address: 5927 OAKES ROAD  
City-St-Zip: BRECKSVILLE, OH 44141

Title: SD ( ) Delete  
Name: TRIOLA, VINCENT  
Address: 5174 WILCOX RD  
City-St-Zip: WHITESBORO, NY 13942

Title: D ( ) Delete  
Name: HINCHCLIFFE, MICHAEL  
Address: 14 HEATHERWOOD DRIVE  
City-St-Zip: COLCHESTER, CT 26415

Title: PD ( ) Delete  
Name: MCEATHRON, JAMES  
Address: 14 PIDGEON DR  
City-St-Zip: WILBRAHAM, MA 01095

Title: D ( ) Delete  
Name: ELIEA, PAUL  
Address: 32 TODD COURT  
City-St-Zip: HUNTINGTON STATION, NY 11746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MOORE, THOMAS  
Address: 5927 OAKES ROAD  
City-St-Zip: BRECKSVILLE, OH 44141

Title: O (X) Change ( ) Addition  
Name: TRIOLA, VINCENT  
Address: 5174 WILCOX RD  
City-St-Zip: WHITESBORO, NY 13942

Title: O (X) Change ( ) Addition  
Name: HINCHCLIFFE, MICHAEL  
Address: 14 HEATHERWOOD DRIVE  
City-St-Zip: COLCHESTER, CT 26415

Title: O (X) Change ( ) Addition  
Name: MCEATHRON, JAMES  
Address: 14 PIDGEON DR  
City-St-Zip: WILBRAHAM, MA 01095

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY ANDRADE

RA

02/11/2009

Electronic Signature of Signing Officer or Director

Date