

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759243 (9)

1. Corporation Name
CLUB REGENCY OF MARCO ISLAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 900 S. COLLIER BLVD. MARCO ISLAND FL 33937	Mailing Address 500 S. COLLIER BLVD. MARCO ISLAND FL 33937
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 07/21/1981	3a. Date of Last Report 08/05/1994
4. FEI Number 59-2800972	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BEAL, MICHAEL F
4532 E TAMiami TR
NAPLES 33962**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: William D. Parkey, Director DATE: 25 April 95

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT PARKEY, WILLIAM D. 500 SOUTH COLLIER MARCO ISLAND FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROHRDANZ, PAUL 500 S. COLLIER BLVD. MARCO ISLAND FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CHAIFETZ, MALCOLM 500 S COLLIER BLVD. MARCO ISLAND FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR ARNOLD ZIMMERMAN 500 S. COLLIER BLVD. MARCO ISLAND, FL 33937 ADDTN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PRESIDENT THE HONORABLE RALPH S. PEARMAN 500 S. COLLIER BLVD. MARCO ISLAND, FL 33937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VICE PRESIDENT PAUL ROHRDANZ 500 S. COLLIER BLVD. MARCO ISLAND, FL 33937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	SECRETARY DAVID ZART 500 S. COLLIER BLVD. MARCO ISLAND, FL 33937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	DIRECTOR MALCOLM CHAIFETZ 500 S. COLLIER BLVD. MARCO ISLAND, FL 33937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	DIRECTOR WILLIAM D. PARKEY 500 S. COLLIER BLVD. MARCO ISLAND, FL 33937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	DIRECTOR ROLAND KLAMERT 500 S. COLLIER BLVD. MARCO ISLAND, FL 33937 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William D Parkey Director DATE: 25 April '95 (413)394-2197

(Signature) (Typed Name) (Date)

APPROVED
AND
FILED

95 APR 28 PM 7:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA