

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>500 S. COLLIER BLVD.                  MARCO ISLAND FL 33937</b>	Mailing Address <b>% HILTON GRAND VACATIONS                  13391 MCGREGOR BLVD., SW                  FT. MYERS FL 33919                  US</b>
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3. Date Incorporated or Qualified <b>07/21/1981</b>	
4. FEI Number <b>59-2800972</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**% HILTON GRAND VACATIONS COMPANY  
 13391 MCGREGOR BLVD.  
 FT. MEYERS FL 33919**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARMAN, RALPH S.	1.2 NAME	
STREET ADDRESS	228 W. CRAWFORD ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARIS IL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAJARIAN, BERGE	2.2 NAME	
STREET ADDRESS	13325 THIRD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZART, DAVID P.	3.2 NAME	
STREET ADDRESS	13131 UNIVERSITY DRIVE-VIP	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, ARNOLD	4.2 NAME	
STREET ADDRESS	8814 WOODFOX DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREHM, JANICE	5.2 NAME	
STREET ADDRESS	#92 EAST SURRY ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEENE NH	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINENO, CHARLES	6.2 NAME	
STREET ADDRESS	316 HIGHLAND DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SHIPPENVILLE PA	6.4 CITY-ST-ZIP	

14. 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 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: *Ralph S. Pearman* 11/10/98  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **RALPH S. PEARMAN** Daytime Phone # **0057688**

CR2E037 (10/97)

CLUB REGENCY OF MARCO ISLAND CONDOMINIUM ASSOCIATION, INC.

12. Officers & Directors

1.1 Title	PD
1.2 Name	PEARMAN, RALPH S.
1.3 Address	228 W Crawford Street
1.4 City-ST-Zip	Paris, IL 61944
2.1 Title	D
2.2 Name	NAJARIAN, BERGE
2.3 Address	13325 Third Street
2.4 City-ST-Zip	Fort Myers, FL 33905
3.1 Title	SD
3.2 Name	ZART, DAVID P.
3.3 Address	13131 University Drive
3.4 City-ST-Zip	Fort Myers, FL 33909
4.1 Title	TD
4.2 Name	ZIMMERMAN, ARNOLD
4.3 Address	8814 Woodfox Drive
4.4 City-ST-Zip	St. Louis, MO 63127
5.1 Title	D
5.2 Name	BREHM, JANICE
5.3 Address	#92 East Surry Road
5.4 City-ST-Zip	Keene, NH 03431
6.1 Title	D
6.2 Name	PINENO, CHARLES
6.3 Address	316 Highland Drive
6.4 City-ST-Zip	Shippenville, PA 16254
7.1 Title	VD
7.2 Name	IRLE, CHARLES
7.3 Address	1185 Dunwoody Road
7.4 City-ST-Zip	Atlanta, GA 30339