


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90064 008 ****61.25

DOCUMENT # 759243	
1. Entity Name CLUB REGENCY OF MARCO ISLAND CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 500 S. COLLIER BLVD. MARCO ISLAND, FL 34145 US	Mailing Address 599 S COLLIER BLVD STE 217 MARCO ISLAND, FL 34145 US
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50014633



01102005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2800972	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HILTON GRAND VACATIONS COMPANY, LLC 6355 METROWEST BLVD. SUITE 180 ORLANDO, FL 32835
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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 _____ (NOTE: Registered Agent signature required when renaming) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEARMAN, RALPH S. 228 W. CRAWFORD ST. PARIS, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHINAVARE, JAMES 6366 LABA ROAD NEWPORT, MI 48166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZIMMERMAN, ARNOLD 8814 WOODFOX DRIVE ST. LOUIS, MO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BREHM, JANICE 1 JAMES HILL DRIVE KEENE, NH 03431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PINENO, CHARLES 316 HIGHLAND DRIVE SHIPPENVILLE, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2005
Date Daytime Phone #