



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90171 049 ****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		
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 59-280972	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applied For	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HILTON GRAND VACATIONS COMPANY, LLC 6355 METROWEST BLVD. SUITE 180 ORLANDO, FL 32835				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PEARMAN, RALPH S.			NAME	Pearman, Ralph S.
STREET ADDRESS	228 W. CRAWFORD ST.			STREET ADDRESS	236 West Court Street
CITY-ST-ZIP	PARIS, IL 61944			CITY-ST-ZIP	P.O. Box 340 Paris, IL 61944-1721
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	CHINAVARE, JAMES			NAME	Brehm, Janice
STREET ADDRESS	6366 LABA ROAD			STREET ADDRESS	P.O. Box 1316
CITY-ST-ZIP	NEWPORT, MI 48166			CITY-ST-ZIP	Keene, NH 03431
TITLE	TD	<input type="checkbox"/> Delete		TITLE	
NAME	ZIMMERMAN, ARNOLD			NAME	
STREET ADDRESS	8814 WOODFOX DRIVE			STREET ADDRESS	
CITY-ST-ZIP	SAINT LOUIS, MO 631271438			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	
NAME	BREHM, JANICE			NAME	
STREET ADDRESS	1 JAMES HILL DRIVE			STREET ADDRESS	
CITY-ST-ZIP	KEENE, NH 03431			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	
NAME	PINENO, CHARLES J DR.			NAME	
STREET ADDRESS	314 CRAIG DRIVE			STREET ADDRESS	
CITY-ST-ZIP	STEPHENS CITY, VA 22655			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	CHINAVARE, JAMES J			NAME	
STREET ADDRESS	3355 TERRACE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	LEWISTON, MI 49756			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like endorsements.					
SIGNATURE:  3-8-2007					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

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\$8.75 Additional Fee Required