

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759243

FILED
Jan 21, 2009
Secretary of State

Entity Name: CLUB REGENCY OF MARCO ISLAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

500 S. COLLIER BLVD.
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

Current Mailing Address:

599 S COLLIER BLVD
STE 217
MARCO ISLAND, FL 34145 US

New Mailing Address:

FEI Number: 59-2800972 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HILTON GRAND VACATIONS COMPANY, LLC
6355 METROWEST BLVD.
SUITE 180
ORLANDO, FL 32835 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: PD () Delete
Name: PEARMAN, RALPH S.
Address: 236 W CT ST PO BOX 340
City-St-Zip: PARIS, IL 61944

Title: TD () Delete
Name: ZIMMERMAN, ARNOLD
Address: 8814 WOODFOX DRIVE
City-St-Zip: SAINT LOUIS, MO 631271438

Title: S () Delete
Name: BREHM, JANICE
Address: 1 JAMES HILL DRIVE
City-St-Zip: KEENE, NH 03431

Title: VP () Delete
Name: PINENO, CHARLES J DR.
Address: 314 CRAIG DRIVE
City-St-Zip: STEPHENS CITY, VA 22655

Title: D () Delete
Name: CHINAVARE, JAMES J
Address: 3355 TERRACE DRIVE
City-St-Zip: LEWISTON, MI 49756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PEARMAN, RALPH S
Address: 236 W CT ST PO BOX 340
City-St-Zip: PARIS, IL 61944

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

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

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

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: RALPH PEARMAN

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date