
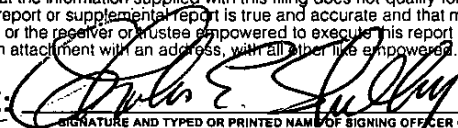


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90039 043 ****61.25

DOCUMENT # 760073					
1. Entity Name EAGLE'S NEST ON MARCO BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 410 S COLLIER BLVD MARCO ISLAND, FL 34145 US			Mailing Address 599 S COLLIER BLVD 247-113 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		4. FEI Number 59-2264606	
Zip		Country		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			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 VP NAME MOORE, MARIAN STREET ADDRESS 2082 LAKE MIONA DR CITY-ST-ZIP LADY LAKE, FL 32162	<input checked="" type="checkbox"/> Delete		TITLE D NAME Pat Doherty STREET ADDRESS 1 The Landmark CITY-ST-ZIP Northfield, IL 60093	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME MOORE, HARLAN STREET ADDRESS 8104 RHODE ISLAND CIR CITY-ST-ZIP MINNEAPOLIS, MN 55438	<input checked="" type="checkbox"/> Delete		TITLE D NAME Jon Udell STREET ADDRESS 5210 Barton Road CITY-ST-ZIP Madison, WI 53711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME MOORE, MITCH STREET ADDRESS 2082 WILD LIME DR CITY-ST-ZIP SANIBEL, FL 33957	<input checked="" type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BOHRER, SHARON STREET ADDRESS 18449 LAYTON AVE N. CITY-ST-ZIP MARINE ON SAINT CROIX, MN 55047	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SHELBY, CHARLES STREET ADDRESS 747 CRANBERRY DRIVE CITY-ST-ZIP GREENFIELD, IN 46140	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME GRUBER, WAYNE STREET ADDRESS 862 SUMMERFIELD DR CITY-ST-ZIP NAPLES, FL 34120	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			1/27/08 317-326-2635 <small>Date Daytime Phone #</small>		