FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 **DOCUMENT #**1. Corporation Name

762962

(9)

MARCO SHORES ESTATES COMMUNITY CLUB, INC.

· · · · · · · · · · · · · · · · · · ·						
Principal Place of Business Mailing Address C/O JOSEPH SCHREMPP 17 OUEEN PALM DR C/O JOSEPH SCHREMPP 17 OUE				N PALM DR	I MANUST LONGO DITTE LINGO TELLO DITTE	icht delen deder deder dinte dener 3:00 i 400:
NAPLES FL 33	• •	NAPLES FL 33961	11 0000			
					3. Date Incorporated or Qualified 04/23/1982	3a. Date of Last Report 04/02/1996
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number 59-2402131	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Cause		Trust Fund Contribution	Added to Fees
24	25 29 30		 	8. This corporation has liability for intangible tax under s. 199.0 Florida Statutes Yes X No		
27	9. Name and Address of Curre		1301		10. Name and Address of New Re	
			E	1 Name		
SCHRE	MPP, JOSEPH		ē	2 Street Add	lress (P.O. Box Number is Not Acceptab	le)
	EN PALM DR.			3		
NAPLES	G FL 33961		L			
				4 City	·	FL 85 Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 617.056 egistered agent, or both, in the State im familiar with, and accept the oblig	02 and 617.1508, Florida Statu e of Florida. Such change was ations of, Section 617.0503, Fl	tes, the abo authorized orida Statut	ive-named corp by the corpora ies.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered ag			igent signature requi	ired when reinstating)	DATE
12.		ID DIRECTORS DELETE	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	
TITLE NAME	P CONNER, RAY	L. Detele	1.1 TITU			Change Addition
STREET ADDRESS	5 QUEEN PALM DRIVE		1.2 NAM	ET ADDRESS		
CITY-S1-ZIP	NAPLES FL		1.4 CITY			
TITLE			2.1 TITL			Change Addition
NAME			2.2 NAM	E	·	·
STREET ADDRESS	58 QUEEN PLAM DRIVE		2.3 STRE	ET ADDRESS		
CHY-ST-ZIP	NAPLES FL		2. 4 CITY	/-ST-ZIP		
TITLE	SD	DELETE 3.17				Change Addition
NAME	ARENS, EVELYN		3.2 NAM	E		
STREET ADDRESS	235 ROBELINA PALM LANE		3.3 STAE	ET ADDRESS		
CITY-ST-ZIP	NAPLES FL	T DECEME		'-ST-ZIP		
TITLE	TD DICHARD	☐ DELETE 4.1 T				Change Addition
NAME CTOSET ADDRESS	reno richard 204 fan Palm LN.		4. 2 NAN	·	•	
STREET ADDRESS CITY-ST-ZIP	NAPLES FL		1	ET ADDRESS		
TITLE	D D	☐ DELETE	4.4 CITY 5.1 TITLE			☐ Change ☐ Addition
NAME	CONNER, PATRICIA		5.2 NAM			—
STREET ADDRESS	5 QUEEN PALM DRIVE			ET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000		5.4 CITY		· ·	
TITLE	D	☐ DELETE	6.1 TITLE			Change Addition
NAME	KALINOWSKI, JOSEPH		6.2 NAM	E		

SIGNATURE:

STREET ADDRESS

72 PEACH PALM LANE

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do 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 man attachment with an address.

FILED

Mar 31 1997 8:00am

Secretary of State