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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **762962** (9)

1. Corporation Name

MARCO SHORES ESTATES COMMUNITY CLUB, INC.

Principal Place of Business	Mailing Address
C/O JOSEPH SCHREMPP 17 QUEEN PALM DR NAPLES FL 33961	C/O JOSEPH SCHREMPP 17 QUEEN PALM DR NAPLES FL 33961

3. Date Incorporated or Qualified: 04/23/1982

4. FEI Number: 59-2402131 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHREMPP, JOSEPH
17 QUEEN PALM DR.
NAPLES FL 33961

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	CONNER, RAY		1.2 NAME	BOB PORTER	
STREET ADDRESS	5 QUEEN PALM DRIVE		1.3 STREET ADDRESS	177 QUEEN PALM Drive	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	NAPLES, FL	
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	ISBISTER, ELINOR		2.2 NAME	WATER PEARSON	
STREET ADDRESS	58 QUEEN PLAM DRIVE		2.3 STREET ADDRESS	228 PEACH PALM LN	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Naples. FL.	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	ARENS, EVELYN		3.2 NAME	MARY PYCZ	
STREET ADDRESS	235 ROBELINA PALM LANE		3.3 STREET ADDRESS	84 PEACH PALM LN	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Naples, FL	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	RENO RICHARD		4.2 NAME	Tony LOMBARI	
STREET ADDRESS	204 FAN PALM LN.		4.3 STREET ADDRESS	226 PEACH PALM LN	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CONNER, PATRICIA		5.2 NAME	SAME	
STREET ADDRESS	5 QUEEN PALM DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 00000		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME	KALINOWSKI, JOSEPH		6.2 NAME	Bill Hershey	
STREET ADDRESS	72 PEACH PALM LANE		6.3 STREET ADDRESS	209 Queen Palm Ln	
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP	Naples, FL	

CR2E037 (10/97)

14. 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 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 on an attachment with an address.

SIGNATURE: Joseph Schrempp 4/19/98