

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90005 014 ****61.25

DOCUMENT # 762962

1. Entity Name

MARCO SHORES ESTATES COMMUNITY CLUB, INC.



Principal Place of Business

**C/O JOSEPH SCHREMP 17 QUEEN PALM DR
NAPLES FL 33961**

Mailing Address

**C/O JOSEPH SCHREMP 17 QUEEN PALM DR
NAPLES FL 33961**

04055401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2402131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHREMP, JOSEPH
17 QUEEN PALM DR.
NAPLES FL 33961**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BARTIZAL, DALE**
STREET ADDRESS **161 NEEDLE PALM LN**
CITY-ST-ZIP **NAPLES FL 34114**

TITLE **VP** ☒ Delete
NAME **LUNQUIST, BOB**
STREET ADDRESS **49 QUEEN PALM DR**
CITY-ST-ZIP **NAPLES FL 34114**

TITLE **S** ☐ Delete
NAME **GRANGER, JOAN**
STREET ADDRESS **210 QUEEN PALM DRIVE**
CITY-ST-ZIP **NAPLES FL 34114**

TITLE **TD** ☐ Delete
NAME **TALLMAN, JUDY**
STREET ADDRESS **160 NEEDLE PALM LANE**
CITY-ST-ZIP **NAPLES FL 34114**

TITLE **D** ☐ Delete
NAME **BUSH, MARY LOU**
STREET ADDRESS **112 DATE PALM LANE**
CITY-ST-ZIP **NAPLES FL 34114**

TITLE **D** ☒ Delete
NAME **MARTIN, JAY & BARBARA**
STREET ADDRESS **148 NORFOLK PINE LANE**
CITY-ST-ZIP **NAPLES FL 34114**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **LUNDQUIST, BOB**
STREET ADDRESS **162 NEEDLE PALM LN.**
CITY-ST-ZIP **NAPLES, FL 34114**

TITLE **VP** ☒ Change ☐ Addition
NAME **MARTIN, JAY**
STREET ADDRESS **148 NORFOLK PINE LN**
CITY-ST-ZIP **NAPLES, FL 34114**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D (2)** ☒ Change ☐ Addition
NAME **GORMAN, PAT**
STREET ADDRESS **33 QUEEN PALM - NAPLES 34114**
CITY-ST-ZIP **CAULK, SANDRA**
202 FAN PALM LN - NAPLES 34114

12. 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 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:

Judy Tallman

JUDY TALLMAN, TREASURER - 4-8-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #