2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006
Secretary of State

DOCUMENT# 762962

Entity Name: MARCO SHORES ESTATES COMMUNITY CLUB, INC.

Current Principal Place of Business:

C/O JOSEPH SCHREMPP 17 OUEEN PALM DR
NAPLES, FL 33961

New Principal Place of Business:

Current Mailing Address:

C/O JOSEPH SCHREMPP 17 OUEEN PALM DR
NAPLES, FL 33961

New Mailing Address:

FEI Number: 59-2402131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHREMPP, JOSEPH
17 QUEEN PALM DR.
NAPLES, FL 33961 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:	P	( ) Delete
Name:	MARTIN, JAY	
Address:	148 NORFOLK PINE LANE	
City-St-Zip:	NAPLES, FL 34114	
Title:	VP	( ) Delete
Name:	WAY, GEARY	
Address:	145 NORFOLK PINE LANE	
City-St-Zip:	NAPLES, FL 34114	
Title:	S	( ) Delete
Name:	CHRISTIANSON, JEAN	
Address:	168 PONYTAIL PALM LANE	
City-St-Zip:	NAPLES, FL 34114	
Title:	T	( ) Delete
Name:	CONRAD, LIBBY	
Address:	87 NORFOLK PINE LANE	
City-St-Zip:	NAPLES, FL 34114	
Title:	D	( ) Delete
Name:	BUSH, MARY LOU	
Address:	112 DATE PALM LANE	
City-St-Zip:	NAPLES, FL 34114	
Title:	D2	( ) Delete
Name:	CAULK, SANDY	
Address:	202 FAN PALM LANE	
City-St-Zip:	NAPLES, FL 34114	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D2	(X) Change ( ) Addition
Name:	WEHRHEIM, JUDY	
Address:	13 QUEEN PALM DRIVE	
City-St-Zip:	NAPLES, FL 34114	

I hereby certify that the information supplied with this filing does not qualify for the 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: JEAN CHRISTIANSON S 04/14/2006

Electronic Signature of Signing Officer or Director — Date