

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762962

FILED
Mar 31, 2008
Secretary of State

Entity Name: MARCO SHORES ESTATES COMMUNITY CLUB, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

MARCO SHORES ESTATES, 1500 MANATEE RD.
NAPLES, FL 34114

Current Mailing Address:

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

New Mailing Address:

C/O JEAN CHRISTIANSON 168 PONYTAIL PALM
NAPLES, FL 34114

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:

CHRISTIANSON, JEAN M S
168 PONYTAIL PALM LANE
NAPLES, FL 34114 US

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: JEAN M. CHRISTIANSON

03/31/2008

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: GLUGOSH, JUDY
Address: 150 NORFOLK PINE LANE
City-St-Zip: NAPLES, FL 34114

Title: D2 () Delete
Name: MIDDLEBROOK, SYLVIA
Address: 219 ROBELINA PALM LANE
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SAUER, JIM
Address: 88 NORFOLK PINE LANE
City-St-Zip: NAPLES, FL 34114

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:

I hereby certify that the information supplied with this filing does not qualify 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

03/31/2008

Electronic Signature of Signing Officer or Director

Date