

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90263 007 ****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

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SCHREMP, JOSEPH
17 QUEEN PALM DR.
NAPLES FL 33961

7. Name and Address of New Registered Agent

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

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 **ARENS, WALTER**
STREET ADDRESS **235 ROBELINA PALM**
CITY-ST-ZIP **NAPLES FL 34114**

TITLE **VP** ☐ Delete
NAME **LUNDQUIST, BOB** *Lundquist, BOB*
STREET ADDRESS **49 QUEEN PALM DR** *Queen Palm Dr*
CITY-ST-ZIP **NAPLES FL 34114**

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

TITLE **TD** ☒ Delete
NAME **NEWTON, CAROL**
STREET ADDRESS **197 FISHTAIL PALM LN**
CITY-ST-ZIP **NAPLES FL 34114**

TITLE **D** ☐ Delete
NAME **BUSH, MARY-LOO** *Lou*
STREET ADDRESS **112 DATE PALM LANE** *Drive LN.*
CITY-ST-ZIP **NAPLES FL 34114**

TITLE **D** ☒ Delete
NAME **HERSHEY, BILL**
STREET ADDRESS **204 QUEEN PALM DR**
CITY-ST-ZIP **NAPLES FL 34114**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **Dale Bartigal**
STREET ADDRESS **161 NEEDLE PALM 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 **TD** ☒ Change ☐ Addition
NAME **Judy TALLMAN**
STREET ADDRESS **160 Needle Palm Lane**
CITY-ST-ZIP **Naples, Fl. 34114**

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

TITLE **D** ☒ Change ☐ Addition
NAME **Judy + Barbara MARTIN**
STREET ADDRESS **148 Norfolk Pine Lane**
CITY-ST-ZIP **Naples, Fl. 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** 4-21-03 239-793-6407

CR2E037 (10/02)