


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000007503 1. Entity Name MARCO ISLAND MODEL YACHT CLUB INC	
--	---

Principal Place of Business 907 PANAMA CT UNIT 401 MARCO ISLAND, FL 34145	Mailing Address 907 PANAMA CT UNIT 401 MARCO ISLAND, FL 34145
---	---



04032006 No Chg-NP CR2E037 (11/05)

4. FEI Number **20-0160514** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DOMENECH, GEORGE 807 PANAMA CT UNIT 401 MARCO ISLAND, FL 34145
--

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

**000000495165
04/20/06-80074-012 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P DOMENECH, GEORGE 807 PANAMA CT UNIT 401 MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V SCHWARTSBURG, THOMAS 1700 BARBADOS AVE MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST KARTER, JAMES 540 S HEATHWOOD DR MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06
Date

239-642-0085
Daytime Phone #