


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90035 022 \*\*\*\*61.25

<b>DOCUMENT # N03035</b>			
1. Entity Name <b>EBB TIDE CLUB OF MARCO ISLAND CONDOMINIUM CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>871 COLLIER CT. P.O. BOX 1824 MARCO ISLAND FL 34146</b>		Mailing Address <b>871 COLLIER CT. P.O. BOX 1824 MARCO ISLAND FL 34146</b>	
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 <b>59-2405785</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>VARDLEYS PROPERT MGMT INC PO BOX 793, 961 COLLISON COURT MARCO ISLAND FL 34146</b>		7. Name and Address of New Registered Agent Name <i>Vardleys Property Mgmt</i> Street Address (P.O. Box Number is Not Acceptable) <i>1961 Collier Court</i> City <i>Marco Island</i> FL Zip Code <i>34145</i>	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)	
<b>FILE NOW: FEE IS \$61.25 Due By: May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>P/T Treas.</i> <b>HENRY, GORDON</b> <b>871 COLLIER CT #A3</b> <b>MARCO ISLAND FL 34145</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>S/D Pres.</i> <b>SMITH, HAL</b> <b>871 COLLIER CT. #B3</b> <b>MARCO ISLAND FL 34146</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ROACH, BOBBY</b> <b>871 COLLIER CT. #2A</b> <b>MARCO ISLAND FL 34146</b>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Sec.</i> <b>Mary Ann Burke</b> <b>871 Collier Ct</b> <b>Marco Isl FL</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>4-20-05</i>	