

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90027 049 \*\*\*\*61.25



**DOCUMENT # N03035**  
 1. Entity Name  
**EBB TIDE CLUB OF MARCO ISLAND CONDOMINIUM CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**871 COLLIER CT. 871 COLLIER CT.**  
**P.O. BOX 1824 P.O. BOX 1824**  
**MARCO ISLAND FL 34146 MARCO ISLAND FL 34146**



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

1st MOORE CR2E037 (10/05)  
 4. FEI Number **59-2405785** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**VARDLEYS PROPERT MGMT INC**  
**1961 COLLIER COURT**  
**MARCO ISLAND FL 34145**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	T	<input type="checkbox"/> Delete
NAME	HENRY, GORDON	
STREET ADDRESS	871 COLLIER CT #A3	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, HAL	
STREET ADDRESS	871 COLLIER CT. #B3	
CITY-ST-ZIP	MARCO ISLAND FL 34146	
TITLE	S	<input type="checkbox"/> Delete
NAME	BÜRKE, MARY ANN	
STREET ADDRESS	871 COLLIER COURT, #B2	
CITY-ST-ZIP	MARCO ISLAND FL 34146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** \_\_\_\_\_