

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90008 002 ****61.25

DOCUMENT # N03035

1. Entity Name
EBB TIDE CLUB OF MARCO ISLAND CONDOMINIUM CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
**871 COLLIER CT.
 28
 MARCO ISLAND, FL 34145**

40033543



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc. **2B**
 City & State
 Zip **34145** Country

3. Mailing Address
 Suite, Apt. #, etc. **2B**
 City & State
 Zip Country

02082008 Chg-NP CR2E037 (12/06)

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
**BERG, MARY A
 871 COLLIER CT- 2B
 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 Mary A. Berg DATE 2/25/08

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

Filing Fee is \$61.25 Due by May 1, 2008

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 checked="" 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	BERG, MARY ANN	
STREET ADDRESS	871 COLLIER COURT, #B2	
CITY-ST-ZIP	MARCO ISLAND, FL 34146	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOMENZO, CARLA	
STREET ADDRESS	871 COLLIER CT-A2	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wambach, Kurt	
STREET ADDRESS	871 COLLIER CT #A3	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERG, MARY ANN	
STREET ADDRESS	871 COLLIER COURT, #B2	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMENZO, CARLA	
STREET ADDRESS	871 COLLIER COURT - #A2	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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 Mary Ann Berg DATE 2/25/08