

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03035

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

871 COLLIER CT.  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

871 COLLIER CT  
MARCO ISLAND, FL 34145

**New Mailing Address:**

871 COLLIER CT.  
MARCO ISLAND, FL 34145

FEI Number: 59-2405785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KNAPP, JANE W  
871 COLLIER CT- 3A  
MARCO ISLAND, FL 34145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WAMBACH, KURT  
Address: 871 COLLIER CT #A3  
City-St-Zip: MARCO ISLAND, FL 34145

Title: D  
Name: SMITH, HAL  
Address: 871 COLLIER CT. #B3  
City-St-Zip: MARCO ISLAND, FL 34146

Title: S  
Name: BERG, MARY ANN  
Address: 871 COLLIER COURT #B2  
City-St-Zip: MARCO ISLAND, FL 34145

Title: P  
Name: LOMENZO, CARLA  
Address: 871 COLLIER COURT- #A2  
City-St-Zip: MARCO ISLAND, FL 34145

Title: T  
Name: KNAPP, JANE W  
Address: 871 COLLIER CT - 3A  
City-St-Zip: MARCO ISLAND, FL 34145

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANE W. KNAPP

TREA

01/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date