


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90073 044 ****61.25

DOCUMENT # N04000000743

1. Entity Name
MARCO ISLAND CCRC, INC.



Principal Place of Business
 40 HEATHWOOD DR.
 MARCO ISLAND, FL 34145

Mailing Address
 40 HEATHWOOD DR.
 MARCO ISLAND, FL 34145

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
PENINSULA REGISTERED AGENTS, INC.
200 SOUTH BISCAYNE BLVD., 43RD FLOOR
MIAMI, FL 33131

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

Filing 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, ELIZABETH 740 WATERFORD DRIVE, #101 NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Marks 58 N. Collier Blvd., #2009 Marco Island, FL 34145 Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV KURTZMAN, PAUL 1100 CARA CT. MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James B. Kauffman, Jr. 1069 N. Bald Eagle Drive, #701-S Marco Island, FL 34145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX (Director) FRITZ, CHARLES L 174 S. COLLIER BLVD., #904 MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John L. Patterson 860 Panama Court, #206 Marco Island, FL 34145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHEELER, WARREN G 6000 ROYAL MARCO WAY, #657 MARCO ISLAND, FL 34145 <input checked="" type="checkbox"/> Delete (Deceased)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dr. Thomas Stolee 800 S. Heathwood Drive Marco Island, FL 34145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCGREGOR, JAMES 319 ROOKERY CT. MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Norman Tengstrom 824 Hideaway Circle E., #321 Marco Island, FL 34145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIAZ, AL 1289 FRUITLAND AVE. MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Barbara Tellinghuisen 2210 16th Avenue NE Naples, FL 34120 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Elizabeth Allen* Elizabeth Allen 4-7-2006 239-732-1404
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #