


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90029 026 \*\*\*\*61.25

<b>DOCUMENT # N04000000743</b> 1. Entity Name <b>MARCO ISLAND CCRC, INC.</b>		
Principal Place of Business <b>40 HEATHWOOD DR. MARCO ISLAND FL 34145</b>		Mailing Address <b>40 HEATHWOOD DR. MARCO ISLAND FL 34145</b>
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip
Country		Country



1st MOORE CR2E037 (10/06)

4. FEI Number <p style="text-align: center;"><b>NO-T APPLICABLE</b></p>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  <b>PENINSULA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BLVD., 43RD FLOOR MIAMI FL 33131</b>	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ALLEN, ELIZABETH 740 WATERFORD DRIVE, #101 NAPLES FL 34113	TITLE	Director James B. Kauffman, Jr. 1069 N. Bald Eagle Drive, #701-S Marco Island, FL 34145
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	SV KURTZMAN, PAUL 1100 CARA CT. MARCO ISLAND FL 34145	TITLE	Director John L. Patterson 860 Panama Court, #206 Marco Island, FL 34145
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	D FRITZ, CHARLES L 174 S. COLLIER BLVD., #904 MARCO ISLAND FL 34145	TITLE	Director Dr. Thomas Stolee 800 S. Heathwood Drive Marco Island, FL 34145
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	D MARKS, ROBERT 58 N COLLIER BLVD., #2009 MARCO ISLAND FL 34145	TITLE	Director Barbara Tellinghuisen 2210 16th Avenue NE Naples, FL 34120
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	V MCGREGOR, JAMES 319 ROOKERY CT. MARCO ISLAND FL 34145	TITLE	Director Brooks Wood 377 Live Oak Lane Marco Island, FL 34145
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	T DIAZ, AL 1289 FRUITLAND AVE. MARCO ISLAND FL 34145	TITLE	
<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 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: Elizabeth Allen April 18, 2007 239-732-1404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #