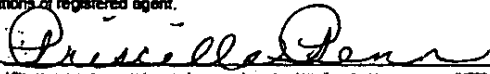
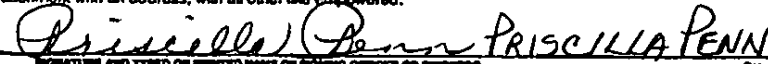


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

02-28-2005 90193 031 ****61.25

DOCUMENT # N04000010844					
1. Entity Name ALUNMAE CLUB OF MARCO ISLAND, INC.					
Principal Place of Business P.O. BOX 5026 MARCO ISLAND, FL 34146			Mailing Address P.O. BOX 5026 MARCO ISLAND, FL 34146		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 30-0282721	
5. Name and Address of Current Registered Agent PENN, PRISCILLA 1079 COTTONWOOD CT. 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:  DATE: _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	OP KLEIN, PALMA M. 1081 CARA CT. MARCO ISLAND, FL 34145	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVP PENN, PRISCILLA 1079 COTTONWOOD CT. MARCO ISLAND, FL 34145	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DS BOZZO, BONNIE 520 TAYLOR CT. MARCO ISLAND, FL 34145	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DT JUST, VINNIE 1422 DELBROOK WAY MARCO ISLAND, FL 34145	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DAT WRIGHT, JEAN 248 SEAHORSE CT. MARCO ISLAND, FL 34145	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  PRISCILLA PENN 2-24-05					
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR					

239-642-3046