FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N07168

(0)

THE MARCO ISLAND Y.M.C.A., INC.

FILED
Jan 26 1998 8:00am
Secretary of State

1941 304- 2144

		•						
Principal Place of Business		Mailing Address						
101 SANDHILL MARCO ISLAN US		P.O. BOX 2528 MARCO ISLAND FL 89937		3. Date Incorporated or Qualified 01/17/1985 4. FEI Number Applied For				
2. Principal P	lace of Business	2a. Mailing Address		59-2498619 Not Applicable 8 Cartificate of Status Pasired				
21		26		5. Certificate of Status Desired \$8.75 Additional Fee Required				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
City & Stat	& State City & State			7. Is this nonprofit corporation a homeowners association?				
Zip	28 Country Zip C		Country	☐ Yes No				
24	Country Zip Country 25 34146 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes You				
	9. Name and Address of Current			10. Name and Address of New Registered Agent				
			B1 Name					
	JUCINDA K		62 Street	Address (P.O. Box Number is Not Acceptable)				
	NDHILL ST							
MARCO	FL 33937		83					
			84 City	FL 85 34145				
11. Pursuant office or r	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes I Florida, Such change was auf	, the above-named	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered				
	m familiar with, and accept the obligat	ions of, Section 617.0503, Florid	da Statutes.	, , , , , , , , , , , , , , , , , , , ,				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signatur	e regulred when reinsteting) DATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD	DELETE	1.1 TITLE	PO Change Addition				
NAME	STAKICH, BOB		1.2 NAME	George Schroll Ct.				
STREET ADDRESS	870 S. COLLIER BLVD.		1.3 STREET ADDRESS	829 Bluebonnet CT.				
CITY-ST-ZIP	MARCO ISLAND FL		1.4 CITY-ST-ZIP	MArco, FL 34145				
TITLE	VO	☐ DELETE	2.1 TITLE	V Change				
NAME	SCHROLL, GEORGE		2.2 NAME	BOB MULHERE 1946 SHEKFIELD DR.				
STREET ADDRESS	829 BLUEBONNET COURT		2.3 STREET ADDRESS					
CITY-ST-ZIP	MARCO ISLAND FL	DELETE	2 4 CITY-ST-ZIP	MARCO, FL 34145				
TITLE	M CIADY DON	™ nerei€	3 1 TITLE	Change Addition				
NAME STREET ADDRESS	CLARK, DON 1438 DELBROOK WAY		3.2 NAME					
CITY-ST-ZIP	MARCO ISLAND FL		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP					
TITLE	TD	DELETE	4.1 TITLE	Change Addition				
NAME	KRAUERHASE, GERRY		4. 2 NAME					
STREET ADDRESS	175 SOCIETY CT		4.3 STREET ADDRESS	ı				
CITY-ST-ZIP	MARCO ISLAND FL		4.4 CITY - ST - ZIP	1.				
TITLE	\$D	☐ DELETE	5.1 TITLE	SD Addition				
NAME	Trappasso, Sandi		5.2 NAME	Phil Penso Ct. 41/26				
STREET ADDRESS	190 N. COLLIER BLVD.		5.3 STREET ADDRESS	357 Rookery Ct. 40100				
CITY-ST-ZIP	MARCO ISLAND FL		5.4 CITY - ST - ZIP	MATCO, KG 34145				
TITLE		DELETE	6.1 TITLE					
NAME			6.2 NAME	-01/27/9801033008				
STREET ADDRESS			6.3 STREET ADDRESS	***61.25				
CITY-ST-ZIP	artify that the information symplical with	this filing done not quelify for	6.4 CiTY-ST-ZiP					
14. 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 annual report or supplemental annual report is true and accurate and that my signature shell have the same legal effect as if made under oath; that I am an officer or director of type composition or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 18 if changed, or on an attendment with an address.								

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THE MARCO ISLAND Y.M.C.A., INC.

Principal Plac	e of Business	Mailing Address	*****	1 100111101 811 00111 10001 11010 81101 7011 810	II 81011 01011 81011 01911 01811 1001
101 SANDHILL ST MARCO ISLAND FL 34145		P.O. BOX 2529 MARCO ISLAND FL 89997		3. Date Incorporated or Qualified	
				01/17/1985	
US				4. FEI Number	Applied For
				59-2498619	Not Applicable
	lace of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt.	# ato	Suite, Apt. #, etc.	<u> </u>		Fee Required
22	ж, 6 10.	27		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Stat	9	City & State		7. Is this nonprofit corporation a homeow	
23		28		☐ Yes	△ No
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29 34146 3	o	Personal Property Tax due June 30.	Yes Yo
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Register	ed Agent
LAVE	I IONIDA V		UI IVAITIE		
	UCINDA K NDHILL ST		62 Street Add	fress (P.O. Box Number is Not Acceptable)	
	FL 33937		83		
MAIOU	1 2 30301				
			84 City	F	EL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the above-named cor	poration submits this statement for the purpos	e of changing its registered
orrice or r	egistered agent, or both, in the State C rn familiar with, and accept the obligat	of Florida. Such change was aut tions of, Section 617.0503, Florid	inorized by the corpora da Statutes.	ition's board of directors. I hereby accept the	appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature requ	Ired when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD OFFICERS AND	DELETE		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	STAKICH, BOB	<u></u>	1.2 NAME	eorce Schroll al	7
STREET ADDRESS	870 S. COLLIER BLVD.		1.3 STREET ADDRESS &	eorge Schroll Ct.	
CITY-ST-ZIP	MARCO ISLAND FL		1.4 CITY-ST-ZIP	JArco, FL 34145	
TITLE	VD	☐ DELETE	2.1 TITLE	D,	Change Addition
NAME	SCHROLL, GEORGE		22 NAME C	OB MULHERE 946 SHEKFIELD DR.	
STREET ADDRESS	829 BLUEBONNET COURT		2.3 STREET ADDRESS	146 THEFFICE THE	
CITY-ST-ZIP TITLE	MARCO ISLAND FL	DELETE		MARCO, FL 34145	Change Addition
NAME	M Clark, don		3 1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS	1438 DELBROOK WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		Change Addition
NAME	KRAUERHASE, GERRY	,	4. 2 NAME		
STREET ADDRESS	175 SOCIETY CT		4.3 STREET ADDRESS	t	
CITY-ST-ZIP	MARCO ISLAND FL		4.4 CITY-ST-ZIP		
TITLE	\$D	☐ DELETE	5.1 TITLE	D O	Change Addition
NAME	TRAPPASSO, SANDI		5.2 NAME	hil Penso Ct.	11/26
STREET ADDRESS	190 N. COLLIER BLVD. MARCO ISLAND FL		5.3 STREET ADDRESS 3.5	Marco, KG 34145	701
CITY-ST-ZIP TITLE	MATICU IOLATU PL	☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		- VILLE	6.2 NAME	0000024128	380
STREET ADDRESS			6.3 STREET ADDRESS	-01/27/9801033	008
CITY OF 74D			6.3 STREET ADDRESS	***61.25	

14. 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 annual report or supplemental annual 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 convolution or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attendment with an address.