

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90101 038 ****61.25

DOCUMENT # N08671					
1. Entity Name ESTUARY OF MARCO, INC.					
Principal Place of Business P.O. BOX 1915 MARCO ISLAND, FL 33969			Mailing Address P.O. BOX 1915 MARCO ISLAND, FL 33969		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2786912	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SAFE HARBOR MANAGEMENT ATTN : JEFFREY WILL 233 N. CALLIER BLVD. MARCO ISLAND, FL 34145				Name <u>Safe Harbor Mgmt.</u> Street Address (P.O. Box Number is Not Acceptable) <u>601 Elkcamy Circle B-16</u> City <u>Marco Island</u> <u>FL</u> Zip Code <u>34145</u>	
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 <u>Jeffrey Will Mgmt. Agent</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>				DATE <u>4/15/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAIER, JACK		NAME		
STREET ADDRESS	2129 SAN MARCO RD.		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BACANTE, BRIAN		NAME		
STREET ADDRESS	P.O. BOX 157		STREET ADDRESS		
CITY-ST-ZIP	GOODLAND, FL 34140		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOSESSON, HOWARD		NAME		
STREET ADDRESS	500 SANDBULL CT		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, MICHAEL		NAME		
STREET ADDRESS	2131 SAN MARCO RD		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BACHURA, MARY		NAME		
STREET ADDRESS	112 HEATHER DR.		STREET ADDRESS		
CITY-ST-ZIP	BUTLER, PA 16001		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Jack Maier</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/30/07</u> Daytime Phone # <u>642-3938</u>	

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