2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11047

FILED Jan 30, 2006 Secretary of State

Entity Name: THE MARCO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1930 SAN MARCE BLVD 1930 SAN MARCO BLVD STE 201 ST MARK'S PLACE STE 201 ST MARK'S PLACE JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32207 US

New Mailing Address: **Current Mailing Address:**

1930 SAN MARCE BLVD 1930 SAN MARCO BLVD STE 201 ST MARK'S PLACE STE 201 ST MARK'S PLACE JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32207 US

FEI Number: 59-2897199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEPRELL, SAMUEL L 1930 SAN MARCO BLVD STE 201 ST MARK'S PLACE JACKSONVILLE, FL 32207 US

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition NORTON, VIRGINIA CARR, JAMES D Name: Name: 1066 SORRENTO RD # B-7 Address: 11825 CATRAKEE DR. Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32223 Title: Title: () Delete () Change () Addition

GRIFFIN, TINA Name: Name:

Address: 1066 SORRENTO RD # B-5 Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

RODANTE, LEIGH A Name: ZIMMERMAN, BRADLEY Name: 1066 SORRENTO RD # B-2 3670 AIRLIE LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32217

() Delete Title: SD Title: (X) Change () Addition

GAST, JULIA Name: CARR, JIM Name: 11825 CATRAKEE DR 2130 SAN MARCO BLVD #A-5 Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: JACKSONVILLE, FL 32207

Title: () Delete Title: () Change (X) Addition

CHUPP, CHARLES Name: Name: 1357 BEAVER STREET Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32209

Title: () Delete Title: () Change (X) Addition

LASTINGER, DELORES Name: Name: Address: Address: 8342 A1A SOUTH ST. AUGUSTINE, FL 32080 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES D. CARR PD 01/30/2006