FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 16 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15382 (7)

1. Corporation Name

MARCO ASSOCIATION OF CONDOMINIUMS, INC.

Principal Place of Business	Mailing Address
C/O FRANCIS J. BLANCHARD 380 SEAVIEW CT., APT. 609 MARCO ISLAND FL 33937	C/O FRANCIS J. BLANCHARD 380 SEAVIEW CT., APT. 609 MARCO ISLAND FL 33937

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 05/13/1986
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2637944 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHRISTY, JOSEPH A 520 S COLLIER BLVD ~~#1101~~ APT. ~~608~~ 1101 MARCO ISLAND FL 33937	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	TREASURER ☐ Change ☐ Addition
NAME	WALLACH, ANDREW	1.2 NAME	JOSEPH A. CHRISTY
STREET ADDRESS	640 COLLIER BLVD	1.3 STREET ADDRESS	520 S. COLLIER BLVD #1101
CITY-ST-ZIP	MARCO ISLAND FL	1.4 CITY-ST-ZIP	MARCO IS., FL 33937
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	WEST, DAVID	2.2 NAME	
STREET ADDRESS	828 HIDEAWAY CIR, E. #413	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO IS FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	HAWKES, JEAN	3.2 NAME	
STREET ADDRESS	240 SEAVIEW COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ROWAN, MIKE	4.2 NAME	
STREET ADDRESS	850 S COLLIER BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	BLANCHARD, F.J.	5.2 NAME	
STREET ADDRESS	380 SEAVIEW CT.#609	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GLIME, M.P.	6.2 NAME	
STREET ADDRESS	172 S. BEACH DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ JOSEPH A. CHRISTY 3/6/95 813-394-9258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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