

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified 05/13/1986
3a. Date of Last Report 03/16/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2637944	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHRISTY, JOSEPH A
520 S COLLIER BLVD
APT 1101
MARCO ISLAND FL 33937

81 Name FRANCIS J. BLANCHARD
82 Street Address (P.O. Box Number is Not Acceptable)
380 SEAVIEW CT APT. 609
83
84 City MARCO ISLAND FL 85 Zip Code 33937

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent if not applicable

(NOTE: Registered Agent signature required when reinstating)

2/9/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
NAME	CHRISTY, JOSEPH A	1.2 NAME	
STREET ADDRESS	520 S COLLIER BLVD., #110	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
NAME	DV 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	NAME	3.1 TITLE	Change Addition
NAME	DS 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	NAME	4.1 TITLE	Change Addition
NAME	D 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	NAME	5.1 TITLE	Change Addition
NAME	PD 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	NAME	6.1 TITLE	Change Addition
NAME	D 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/96 941-394-9258

CR2E037 (12/95)