

FILE NOW: FILING FEE IS \$61.25

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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15382** (7)
1. Corporation Name
MARCO ASSOCIATION OF CONDOMINIUMS, INC.



Principal Place of Business C/O FRANCIS J. BLANCHARD 390 SEAVIEW CT., APT. 609 MARCO ISLAND FL 33937 34145	Mailing Address C/O FRANCIS J. BLANCHARD 390 SEAVIEW CT., APT. 609 MARCO ISLAND FL 33937 34145
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/13/1986	4. FEI Number 59-2637944	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent BLANCHARD, FRANCIS J 380 SEAVIEW CT. APT 609 MARCO ISLAND FL 33937 34145
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	CHRISTY, JOSEPH A
STREET ADDRESS	520 S COLLIER BLVD., #110
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	<input type="checkbox"/> DELETE
NAME	DV WEST, DAVID
STREET ADDRESS	828 HIDEAWAY CIR, E. #413
CITY-ST-ZIP	MARCO IS FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DS HAWKES, JEAN
STREET ADDRESS	240 SEAVIEW COURT
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D ROWAN, MIKE
STREET ADDRESS	850 S COLLIER BLVD.
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	<input type="checkbox"/> DELETE
NAME	PD BLANCHARD, F.J.
STREET ADDRESS	380 SEAVIEW CT. #609
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D GLIME, M.P.
STREET ADDRESS	172 S. BEACH DR.
CITY-ST-ZIP	MARCO ISLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	O CHRISTY, JOSEPH A
1.3 STREET ADDRESS	520 S COLLIER BLVD.
1.4 CITY-ST-ZIP	MARCO ISLAND, FL 34145
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DS WEST, DAVID
2.3 STREET ADDRESS	828 HIDEAWAY CIR E #413
2.4 CITY-ST-ZIP	MARCO ISLAND, FL 34145
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DT BANTON, WILLIAM E
3.3 STREET ADDRESS	525 SEAVIEW CT. #M-3
3.4 CITY-ST-ZIP	MARCO ISLAND FL 34145
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DV CURRAN, JAMES
4.3 STREET ADDRESS	649 ELKAM CIRCLE #624
4.4 CITY-ST-ZIP	MARCO ISLAND, FL 34145
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D HOLTERMAN, TED
6.3 STREET ADDRESS	610 CLUB MARCO CIRCLE #101
6.4 CITY-ST-ZIP	MARCO ISLAND, FL 34145

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 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: William E. Banton Treasurer 1/12/98 341-394-4325

CR2E037 (10/97)