FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N15382

MARCO ASSOCIATION OF CONDOMINIUMS, INC.

Principal Place of Business
C/O FRANCIS J. BLANCHARD 380 SEAVIEW CT., APT. 609 MARCO ISLAND FL 34145
He

Mailing Address

C/O FRANCIS J. BLANCHARD 380 SEAVIEW CT., APT. 609 MARCO ISLAND FL 34145

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90039 023 ****61.25



2. Principal Pl	lace of Business	2a. Maili	ng Address				,	orated or Qualifed			•		
21	•	26					05/13/19						
Suite, Apt.	#, etc.	Suite	Apt. #, etc.				4. FEI Numbe		-	⊢	pplied For		
22		27					59-26379	344		N	ot Applicable		
City & State	e	City	& State				5. Certifcate o	f Status Desired		*	Additional equired		
Zip	Country	Zip		Countr	y		6. Election Ca	mpaign Financing		\$5.00	May Be		
24	25	29	3	0	-			Contribution			to Fees		
Z 4)		10. Name and Address of New Registered A											
	9. Name and Address of Current			. 8	1 Name						,		
					1	^							
	BLANCHARD, FRANCIS J					82 Street Address (P.O. Box Number is Not Acceptable)							
380 SEAV	IEW CT.			8:	3								
APT 609			•	*`	1	;							
	SLAND FL 34145	÷	•	8-	1				FL		Code		
office or n	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Su	ch change was auti	nonzea o	y the corp	corpor	ration submits thi 's board of direc	s statement for the tors. I hereby accep	л ше аррол	changing it ntment as r	s registered egistered		
OIO/II// OI/L	Signature, typed or printed name of registered agent	and title if applica	able. (NOTE: R		ent signature	required v	when reinstating)		DATE	D DIDEOT	000 III 40		
12.	OFFICERS AND	DIRECTO		13.				CHANGES TO OF	FICERS AN	_			
TITLE	D	DELETE				. P		. *		Change	Addition		
NAME	CHRISTY, JOSEPH A			1.2 NAME		N	EMMAN,	ROBERT		_			
STREET ADDRESS	The second secon				ET ADDRESS								
CITY-ST-ZIP	MARCO ISLAND FL 34145	7-1-		1.4 CITY-	ST-ZIP	M	ARCO TEL	AND FL 3	<u> 4145</u>				
TITLE	DS	DELETE				a					Addition Addition		
NAME	WEST, DAVID		· ***	2.2 NAME		1.5	VNN. EG	MAN		-			
STREET ADDRESS	AND THE PROPERTY AND THE PROPERTY OF THE PROPE				ET ADDRESS								
				2.4 CITY		1	Sign T	LAND FL	-3410	ج. ج			
CITY-ST-ZIP	MARCO IS FL 34145		DELETE	3.1 TITLE			5 T			Change	☐ Addition		
TITLE	DT			3.2 NAME			- .			-	_		
NAME	BANTON, WILLIAM E		•										
STREET ADDRESS	525 SEA VIEW CT #M3				ET ADDRESS	1							
CITY-ST-ZIP	MARCO ISLAND FL 34145		19 per eve	3.4. CITY			502			Change	Addition		
TITLE	DV		DELETE	4.1 TITLE			DV	1 mac Fr		Change			
NAME	CURRAN, JAMES			4. 2 NAM		ري	IRBBN,	OHMES		# ~ ~ !			
STREET ADDRESS	649 ELKAM CIR #624			4.3 STRE	ET ADDRESS	5	590 CLUB MARCO CIRCLE #201						
CITY-ST-ZIP	MARCO ISLAND FL 34145			4.4 CITY-	ST-ZIP	M	ARCO Is	LAND FL.	3410				
TITLE	PD		☐ DELETE	5.1 TITLE	:			-		Change	Addition		
NAME	BLANCHARD, F.J.	_		5.2 NAME	1								
STREET ADDRESS	380 SEAVIEW CT.#609	-		5.3 STRE	ET ADDRESS	:					•		
CITY-ST-ZIP	MARCO ISLAND FL			5.4 CITY-	ST-ZIP						·		
TITLE	D		☐ DELETE	6.1 TITLE		1				Change	Addition		
NAME	HOLTERMAN, TED			6.2 NAME	<u> </u>								
	*			6.3 STRF	ET ADDRESS	:							
STREET ADDRESS				6.4 CITY-									
CITY-ST-ZIP	MARCO ISLAND FL 34145			0.4 CHY-	31-ZIP	1							

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, with all otherwise empowered.

SIGNATURE: