


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 30 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19977 (0)**  
1. Corporation Name  
**MARCO VILLA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business C/O BERRY & GREUSEL 1104 N. COLLIER BLVD. MARCO ISLAND FL 34145 US	Mailing Address C/O BERRY & GREUSEL 1104 N. COLLIER BLVD. MARCO ISLAND FL 34145
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3. Date Incorporated or Qualified <b>04/06/1987</b>	
4. FEI Number <b>59-2788073</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25 Country
	29 <b>34145</b>
	30 Country

**9. Name and Address of Current Registered Agent**

**GREUSEL, JAMIE B  
1104 N. COLLIER BLVD.  
MARCO, ISLAND, FL FL 34145**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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	PD	<input type="checkbox"/> DELETE
NAME	<b>MIKLOSH, JEROME JERRY</b>	
STREET ADDRESS	<b>1561 BUCCANEER CT.</b>	
CITY-ST-ZIP	<b>MARCO ISLAND FL 39337</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>MCGUIRE, EDWARD</b>	
STREET ADDRESS	<b>616 PIERRE AVE.</b>	
CITY-ST-ZIP	<b>MANTUA NJ 08051</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>HINTERKETER, WILLIAM</b>	
STREET ADDRESS	<b>152 MARCELLA RD.</b>	
CITY-ST-ZIP	<b>WILMINGTON DE 19803</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>34145</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Elaine Ritchie</b>
3.3 STREET ADDRESS	<b>1083 N. COLLIER BL. #345</b>
3.4 CITY-ST-ZIP	<b>MARCO ISLAND FL 34145</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **X** *Jerome Miklosh* **1/19/98** **436 5790**

CR2E037 (10/97)