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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:26

DOCUMENT # N22981 (7)

1. Corporation Name

SURFWALK II OF MARCO CONDOMINIUM ASSOCIATION INC

Principal Place of Business	Mailing Address
~~4516 BAR HARBOR DRIVE~~	~~801 LAUREL OAK DR~~
~~951 MAPLE CT~~	~~SUITE 640~~
~~ORLANDO FL 32821~~	~~NAPLES FL 33963~~
~~US~~	~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1987
3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0005209 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 4516 Bar Harbor Drive	26 951 Maple Court
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Orlando, FL	27 Marco Island, FL
24 Zip 32821 / 25 Country USA	29 Zip 33937 / 30 Country USA

9. Name and Address of Current Registered Agent

WOODWARD, MARK J.
801 LAUREL OAK DRIVE SUITE 640
WOODWARD & WOODWARD, P.A.
NAPLES FL 33963

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 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	PD	1.1 TITLE	☑ Change ☐ Addition
NAME	MACALUSO, MARGARET M.	1.2 NAME	
STREET ADDRESS	951 MAPLE COURT	1.3 STREET ADDRESS	10059 BRIGHTFIELD COURT
CITY-ST-ZIP	MARCO ISLAND FL	1.4 CITY-ST-ZIP	ORLANDO, FL. 32821
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	BOYLE, ROBERT F.	2.2 NAME	
STREET ADDRESS	771 KNOLLWOOD TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTFIELD NJ	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	BOYLE, MAUREEN Z.	3.2 NAME	
STREET ADDRESS	771 KNOLLWOOD TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTFIELD NJ	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Margaret M Macaluso Pres. 3-15-95 407-345-8206
SIGNATURE AND NAME OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017878