


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90210 019 ****61.25

DOCUMENT # N25909 1. Entity Name THE PLANTATION OF MARCO ISLAND CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1000 S. COLLIER BLVD MARCO ISLAND, FL 33937				Mailing Address 1000 S. COLLIER BLVD MARCO ISLAND, FL 33937	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MACKIE, JOHN G BANK OF AMERICA CENTER 4501 TAMiami TRAIL N., SUITE 214 NAPLES, FL 34103				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CRAIN, JIM		NAME	Steininger, Robert	
STREET ADDRESS	1000 S. COLLIER BLVD. #107		STREET ADDRESS	1489 Cedar Top Rd	
CITY - ST - ZIP	MARCO ISLAND, FL 34145		CITY - ST - ZIP	Shillington, PA 19007	
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, HARVEY		NAME		
STREET ADDRESS	1000 S. COLLIER BLVD #203		STREET ADDRESS		
CITY - ST - ZIP	MARCO ISLAND, FL 34145		CITY - ST - ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKINNER, WILLIAM		NAME		
STREET ADDRESS	1000 S. COLLIER BLVD #705		STREET ADDRESS		
CITY - ST - ZIP	MARCO ISLAND, FL 34145		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALTER, STEVE		NAME		
STREET ADDRESS	1000 S. COLLIER BLVD #205		STREET ADDRESS		
CITY - ST - ZIP	MARCO ISLAND, FL 34145		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RILEY, WILLIAM		NAME		
STREET ADDRESS	131 W ADELAIDE UNIT 311		STREET ADDRESS		
CITY - ST - ZIP	ELMHURST, IL 60126		CITY - ST - ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HACKETT, LARRY		NAME		
STREET ADDRESS	11236 STRAFFORD RD.		STREET ADDRESS		
CITY - ST - ZIP	MOKENA, IL 60448		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>James F. Crain</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/25/08</u> Daytime Phone # _____		