2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N27289

Entity Name: MARCO TOWNE CENTER MERCHANT'S ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 2162
MARCO ISLAND, FL 33969

New Principal Place of Business:

P. O. BOX 2162
MARCO ISLAND, FL 341452162

Current Mailing Address:

P. O. BOX 2162
MARCO ISLAND, FL 33969

New Mailing Address:

P. O. BOX 2162
MARCO ISLAND, FL 341452162

FEI Number: 65-0125854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARCOPLOS, CHRISTIE
1089 NORTH COLLIER BLVD
SUITE 437
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: MARCOPLOS, CHRISTIE
Address: 1089 N COLLIER #437
City-St-Zip: MARCO ISLAND, FL 34145

Title: VP ( ) Delete
Name: PEREZ, DIANA
Address: 1069 N COLLIER BLVD #221
City-St-Zip: MARCO ISLAND, FL 34145

Title: S ( ) Delete
Name: MAYTON, KEITH
Address: 1089 N COLLIER #423
City-St-Zip: MARCO ISLAND, FL 34145

Title: T ( ) Delete
Name: DOLL, GEORGIE
Address: 1089 N COLLIER #415
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTIE MARCOPLOS PRES 01/22/2009
Electronic Signature of Signing Officer or Director — Date