

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90029 011 ****61.25

DOCUMENT # N38929

1. Entity Name
MARCO SHORES ESTATES HOMEOWNERS CORP.



Principal Place of Business
**1500 MANATEE RD
NAPLES, FL 34114**

Mailing Address
**1500 MANATEE RD
NAPLES, FL 34114**

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

04062008

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0250357

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCOTT E. GORDON ESQUIRE
ABEL BAND CHARTERED LAW FIRM
240 SOUTH PINEAPPLE AVE
SARASOTA, FL 34236**

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)

LUTZ BOBO & TELFAIR, PA

TWO N. TAMiami TRAIL SUITE 500

City

SARASOTA

FL

Zip Code

34236

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MAZE, ROBERT
73 PEACH PALM LN.
NAPLES, FL 34114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GAYLAND R. CONNER
5 QUEEN PALM DRIVE
NAPLES FL 34114 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
LAWSON, ARLENE M
144 CABBAGE PALM LN.
NAPLES, FL 34114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAWSON, ARLENE M.
SAME
SAME ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LONGANO, ARTHUR
179 FAN TAIL PALM
NAPLES, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
ARTHUR LONGANO
179 FAN PALM LANE
SAME ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
BARTIZAL, DALE
161 NEEDLE PALM LN.
NAPLES, FL 34114 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
JOAN GRANGER
210 QUEEN PALM DRIVE
NAPLES FL 34114 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRANGER, JERROLD
210 QUEEN PALM DR.
NAPLES, FL 34114 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
DENNIS KELLY
227 PEACH PALM LANE
NAPLES FL 34114 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LANGDON, DEAN
99 QUEEN PALM DR
NAPLES, FL 34114 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHARLES CALLAHAN
220 FISH TAIL PALM LANE
NAPLES FL 34114 ☐ Change ☒ Addition

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:

Arthur A. Longano

ARTHUR A. LONGANO

APR 12 7, 2008


239-775-0447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT ATTACHMENT

DOCUMENT # N38929 1. Entity Name MARCO SHORES ESTATES HOMEOWNERS CORP.					
Principal Place of Business 1500 MANATEE RD NAPLES, FL 34114			Mailing Address 1500 MANATEE RD NAPLES, FL 34114		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 2em; font-family: cursive;">40062866</div>	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 65-0250357				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT E. GORDON ESQUIRE ABEL BAND CHARTERED LAW FIRM 240 SOUTH PINEAPPLE AVE SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <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 NAME STREET ADDRESS CITY-ST-ZIP	DP MAZE, ROBERT 73 PEACH PALM LN. NAPLES, FL 34114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM EYSTER 77 PEACH PALM LANE NAPLES FL 34114
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAWSON, ARLENE M 144 CABBAGE PALM LN. NAPLES, FL 34114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN DELORENZO 234 ROBELINA PALM LANE NAPLES FL 34114
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONGANO, ARTHUR 179 FAN TAIL PALM NAPLES, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BARTIZAL, DALE 161 NEEDLE PALM LN. NAPLES, FL 34114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANGER, JERROLD 210 QUEEN PALM DR. NAPLES, FL 34114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGDON, DEAN 99 QUEEN PALM DR NAPLES, FL 34114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Arthur A. Longano</u> ARTHUR A. LONGANO <u>4/7/08</u> <u>239-775-0497</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					