2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38929

FILED Jun 23, 2009 Secretary of State

Entity Name: MARCO SHORES ESTATES HOMEOWNERS CORP.

Current Principal Place of Business: New Principal Place of Business: 1500 MANATEE RD NAPLES, FL 34114 **Current Mailing Address: New Mailing Address:** 1500 MANATEE RD NAPLES, FL 34114 FEI Number: 65-0250357 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCOTT, GORDON E ESQ LUTZ BOBO & TELFAIR, PA TWO N. TAMIAMI TRAIL, STE. 500 SARASOTA, FL 34236 ÚS 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MAZE, ROBERT CONNER, RAY Name: Name: 73 PEACH PALM LN. Address: 5 QUEEN PALM DRIVE Address: City-St-Zip: NAPLES, FL 34114 City-St-Zip: NAPLES, FL 34114 Title: () Delete Title: () Change () Addition LAWSON, ARLENE M Name: Name: Address: 144 CABBAGE PALM LN Address: City-St-Zip: NAPLES, FL 34114 City-St-Zip: Title: () Delete Title: () Change () Addition LONGAND, ARTHUR Name: Name: 179 FAN PALM LANE Address: Address: City-St-Zip: NAPLES, FL 34114 City-St-Zip: Title: DS () Delete Title: () Change () Addition GRANGER, JOAN Name: Name: 210 QUEEN PALM DRIVE Address: Address: City-St-Zip: NAPLES, FL 34114 City-St-Zip: Title: Title: () Delete () Change () Addition KELLY, DENNIS Name: Name: 227 PEACH PALM LANE Address: Address: City-St-Zip: NAPLES, FL 34114 City-St-Zip: Title: () Delete Title: (X) Change () Addition CALLAHAN, CHARLES FLETCHER, JOHN Name: Name: Address: 220 FISH TAIL PALM LANE Address: 174 QUEEN PALM DRIVE NAPLES, FL 34114 NAPLES, FL 34114 City-St-Zip: 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: RAY CONNER PRES 06/23/2009