



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90156 046 \*\*\*\*61.25

<b>DOCUMENT # N94000003560</b> 1. Entity Name <b>MARCO LAKE AREA ASSOCIATION, INC.</b>					
Principal Place of Business <b>% DONALD CONDEE, CONDEE COOLING</b> <b>26 MARCO LAKE DRIVE</b> <b>MARCO ISLAND, FL 34145 US</b>				Mailing Address <b>% DONALD CONDEE, CONDEE COOLING</b> <b>26 MARCO LAKE DRIVE</b> <b>MARCO ISLAND, FL 34145 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc. <b>25 Front Street</b> City & State Zip Country		3. Mailing Address  Suite, Apt. #, etc. <b>25 Front Street</b> City & State Zip Country			
4. FEI Number <b>65-0558921</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04072005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent  <b>FELDMAN, CATHERINE</b> <b>426 YELLOWBIRD ST.</b> <b>P.O. BOX 545</b> <b>MARCO ISLAND, FL 34146</b>				7. Name and Address of New Registered Agent Name <b>Donald Condee</b> Street Address (P.O. Box Number is Not Acceptable) <b>25 Front Street</b> City <b>Marco Island</b> <b>FL</b> Zip Code <b>34145</b>	
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 <u>Donald Condee, President</u> <u>Donald Condee</u> <u>April 7, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CHESTNUT, DIANE 10 MARCO LAKE DRIVE MARCO ISLAND, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT FELDMAN, CATHERINE 426 YELLOWBIRD ST MARCO ISLAND, FL	<input checked="" type="checkbox"/> Delete	TITLE DT NAME STREET ADDRESS CITY - ST - ZIP	William B. Miller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 20 Marco Lake Dr. STE12 Marco Island FL 34145	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CONDEE, DON 25 FRONT STREET MARCO ISLAND, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NAIFEH, TOM 30 MARCO LAKE DR. MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: <u>Donald Condee</u> Donald Condee, Pres. 4/7/05 239 394 5121</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					