


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90127 041 ****61.25

DOCUMENT # N96000000998

1. Entity Name
CLUB MARCO, INC.



Principal Place of Business
**500 CLUB MARCO CIR
 MARCO ISLAND, FL 34145 US**

Mailing Address
**P.O. BOX 567
 MARCO ISLAND, FL 34146-0567 US**

40081884



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03282008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
**GREUSEL, JAMIE ATTY.
 1104 N COLLIER BLVD.
 MARCO ISLAND, FL 34145**

4. FEI Number
65-0656467

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VT CURRAH, JAMES	593 CLUB MARCO CIRCLE #201	MARCO ISLAND, FL 34145	<input type="checkbox"/>
PD HOLTERMAN, TED	610 CLUB MARCO CIRCLE, #101	MARCO ISLAND, FL 34145	<input type="checkbox"/>
SD ECKERT, ROBT	670 CLUB MARCO CIRCLE #102	MARCO ISLAND, FL 34145	<input type="checkbox"/>
D GRAMMAS, GEO	650 CLUB MARCO CIRCLE #201	MARCO ISLAND, FL 34145	<input type="checkbox"/>
D WELINDT, SHIRLEY	680 CLUB MARCO CIRCLE #102	MARCO ISLAND, FL 34145	<input type="checkbox"/>
			<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
Curran, James	590 Club Marco Circle #201	Marco Island, FL 34145	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TED HOLTERMAN	610 CLUB MARCO CIRCLE #101	MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ECKERA ROBES	670 CLUB MARCO CIRCLE #102	MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Grammas, George	650 Club Marco Circle #201	Mar	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Welindt, Shirley	680 Club Marco Circle #102	Marco Island, FL 34145	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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: Theodore Holterman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2-9-2008 4-16-2008
Date

Daytime Phone # _____
Daytime Phone #