

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90262 034 ****61.25

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1. Entity Name
MAXIME CLUB OF MARCO ISLAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**907 PANAMA COURT
 MARCO ISLAND, FL 34145**

Mailing Address
**P.O. BOX 1782
 MARCO ISLAND, FL 34145 US**



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State Zip Country

03302005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number **65-0751379** Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**TUCKER, E. GLENN
 950 N COLLIER BLVD.
 MARCO ISLAND, FL 34145**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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 **STD** Delete
 NAME **POHL, MARY JO**
 STREET ADDRESS **907 PANAMA CT #204**
 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **STD** Change Addition
 NAME **Musico, Alan**
 STREET ADDRESS **907 Panama Ct. #503**
 CITY-ST-ZIP **Marco Island, FL 34145**

TITLE **PD** Delete
 NAME **DOMENECH, GEORGE**
 STREET ADDRESS **907 PANAMA CT. #401**
 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **ORTLEB, PETER**
 STREET ADDRESS **907 PANAMA CT., #302**
 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE: *[Signature]* Date 4/12/05 Daytime Phone # 602-0082