

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000005690

1. Entity Name

NEWCOMERS CLUB OF MARCO ISLAND, INC.



Principal Place of Business

1090 S. COLLIER BLVD.
#614

MARCO ISLAND, FL 34145 US

Mailing Address

P.O. BOX 944
MARCO ISLAND, FL 34145 US



01102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, WILLIAM G
247 N. COLLIER BLVD., SUITE 202
MARCO ISLAND, FL 34145

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IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME PIRO, SAZANNE
STREET ADDRESS 701 INLET STREET
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE VPD
NAME GAYLE, THAWLEY
STREET ADDRESS 79 COPPER FIELD
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE T
NAME MASTERS, MARY HELEN
STREET ADDRESS 316 COLONIAL AVENUE
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE AT
NAME MICKES, CARLA
STREET ADDRESS 939 JOY CIRCLE
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE S
NAME MUELLER, CHERYL
STREET ADDRESS 1109 STRAWBERRY CT
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE D
NAME MURVING, NANCY
STREET ADDRESS 1285 MULBERRY CT
CITY-ST-ZIP MARCO ISLAND, FL 34145

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01/16/08-80012-004 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #