

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N97000005690 1. Entity Name NEWCOMERS CLUB OF MARCO ISLAND, INC.						FILED 2008 MAY 19 AM 9:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
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				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.							
100130930741 06/05/08--01051--014 **\$61.25							
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Amended AR is \$61.25				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 NAME STREET ADDRESS CITY-ST-ZIP	P PIRO, SAZANNE 701 INLET STREET MARCO ISLAND, FL 34145			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Boyle Thawley 79 Copperfield MARCO ISLAND, FL 34145		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GAYLE, THAWLEY 79 COPPER FIELD MARCO ISLAND, FL 34145			TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP Lisa Gandy 489 mangueas Ct. MARCO ISLAND, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MASTERS, MARY HELEN 316 COLONIAL AVENUE MARCO ISLAND, FL 34145			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Carla Mickes 939 S. Joy Circle MARCO ISLAND, FL 34145		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MICKES, CARLA 939 JOY CIRCLE MARCO ISLAND, FL 34145			TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Karen Flaugh 1390 Quintera Ct. MARCO ISLAND, FL 34145		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUELLER, CHERYL 1109 STRAWBERRY CT MARCO ISLAND, FL 34145			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Paula Skillern 1083 N. Collier Blvd, #310 MARCO ISLAND, FL 34145		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURVING, NANCY 1285 MULBERRY CT MARCO ISLAND, FL 34145			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Virginia Vacio 823 Bluebonnet Ct. MARCO ISLAND, FL 34145		
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: <i>Carla Mickes</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				05/16/08 239-389-1787 Date Daytime Phone #			