

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000052773

FILED
Oct 06, 2005
Secretary of State

Entity Name: MARCO COMMUNITY BANK

Current Principal Place of Business:

SW CORNER OF SAN MARCO RD AND S BARFIELD D
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

1770 SAN MARCO RD
MARCO ISLAND, FL 34145

New Mailing Address:

FEI Number: 11-3680185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COX, JOEL M
Address: 264 ROCKHILL CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: GREUSEL, JAMIE B
Address: 364 BALI CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: HANSON, MELANIE J
Address: 911 WHISKEY CREEK DR
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: IANNOTTA, ANTHONY J
Address: 318 POLYNESIA CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: MARKS, ROBERT A
Address: 58 N COLLIER BLVD UNIT 2009
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: MATHEWS, ROBERT D
Address: 1320 FORREST CT
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M WHELAN

SVP

10/06/2005

Electronic Signature of Signing Officer or Director

Date