FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000013125 (7)

1. Corporation Name
MARCO ISLAND CONDOS AND PROPERTIES, INC.

Principal Place of Business
950 NORTH COLLIER BLVD.
SUITE 201
MARCO ISLAND FL 33937

Mailing Address
950 NORTH COLLIER BLVD.
SUITE 201
MARCO ISLAND FL 33937

3. Date Incorporated or Qualified: 02/16/1994
3a. Date of Last Report: 08/08/1995

2. Principal Place of Business
21 1001 N. BARFIELD DRIVE
Suite, Apt. #, etc.
22 2ND FLOOR
City & State
23 MARCO ISLAND, FL
Zip 24 33937
Country 25

2a. Mailing Address
26 1001 N. BARFIELD DRIVE
Suite, Apt. #, etc.
27 2ND FLOOR
City & State
28 MARCO ISLAND, FL
Zip 29 33937
Country 30

4. FEI Number: 65-0468526 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
KRAMER, FREDERICK C
950 NORTH COLLINS BLVD.
SUITE 201
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent
81 Name: DAVID C. BENNETT
82 Street Address (P.O. Box Number is Not Acceptable): 1001 N. BARFIELD DRIVE
83
84 City: MARCO ISLAND FL 85 Zip Code: 33937

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: David C. Bennett — DATE
Signature of or on behalf of resident agent (and title if applicable) — (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	P ☑ DELETE
NAME	MACGREGOR, HUGH
STREET ADDRESS	828 GIRALDO COURT
CITY-ST-ZIP	MARCO ISLAND FL 33937
TITLE	VP ☑ DELETE
NAME	MACGREGOR, ANN
STREET ADDRESS	828 GIRALDO COURT
CITY-ST-ZIP	MARCO ISLAND FL 33937
TITLE	ST ☐ DELETE
NAME	BENNETT, DAVID
STREET ADDRESS	P.O. BOX 1122
CITY-ST-ZIP	MARCO ISLAND FL 33969
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES.PRES.T ☐ Change ☑ Addition
1.2 NAME	DEBBIE LAVELLA
1.3 STREET ADDRESS	1001 N. BARFIELD DRIVE
1.4 CITY-ST-ZIP	MARCO ISLAND, FL 33937
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☑ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	1001 N. BARFIELD DRIVE
3.4 CITY-ST-ZIP	MARCO ISLAND, FL 33937
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David C. Bennett, DAVID C. BENNETT — APRIL 18, 1996 — 941-394-8881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0334926 CP