Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90018 013 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOMOCOL 3125

1. Corporation MARCO I	SLAND CONDOS AND PRO										
Principal Place	of Business	Mailing Address							#	186 1118) IIDIS 1	
1001 N. BARFIE 2ND FLOOR MARCO ISLAND US	LD DR.	1001 N. BARFIELD DR. 2ND FLOOR MARCO ISLAND FL 34145 US			3	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed					
03		00			. "		16/1994				
2. Principal Pla	ace of Business	2a. Mailing Address			4		Number			Apı	olied For
	S. COLLIKE BLUD.	26 277 N. COL	-146	L BL	JP.	65-0	0468526				Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5	. Certi	fcate of Status De	sired		\$8.75 A	
22 4215	- 47 -	27 UNIT "7								Fee Rec	
City & State		City & State		_	6		ion Campaign Fin	-		\$5.00	
23 MARL		28 MARLO ISLA	ود د Country	F			Fund Contributio			Added to	rees
Zip	Country	Zip 29 34145 30		•	8		corporation owes onal Property Tax			ngible □Yes	No
24 3414	9. Name and Address of Current		<u>'l</u>		10		e and Address o			_	
9. Name and Address of Current Registered Agent 81											
BENNETT, DAVID C			82	Street	Addrose ('D	ox Number is Not	Accent	lable)		
1001 N. BARFIELD DR.			02	Sueet	Audress (,r.O. b	OX NUMBER 13 NO.	Лосорі			
MARCO ISLAND FL 33937			83								_
				City			- Autorita			85 Zip C	Code
				'					<u>. FL</u>	1 1 '	
office or re agent. I ar	to the provisions of Sections 607.0502 agistered agent, or both, in the State of in familiar with, and accept the obligation Signature, typed or printed name of registered agent	ons of, Section 607.0505, Florida	a Statute:	the corpo	corporation s b	ooaru o	i directors. Theret	t for the	pt the appoint	ment as reg	registered gistered
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	in signature (- Tequired which		TIONS/CHANGES	TO 01		DIRECTO	RS IN 12
TITLE	P	☐ DELETÉ	1.1 TITLE		1					Change	Addition
NAME	LAVELA, DEBBIE		1.2 NAME					_			
STREET ADDRESS	1001 N. BARFIELD DR.		1.3 STREE	TADDRESS	277	μ.	Co LLIKE	3	-VP.		
CITY-ST-ZIP	MARCO ISLAND FL 33937			ST-ZIP	MAG	9	IS. pup	FL	34145		
TITLE	ST	☐ DELETE	2.1 TITLE							⊕ €hange	Addition
NAME	BENNETT, DAVID		2.2 NAME				. COLL.A	<i>- n</i>	BLUD.		İ
STREET ADDRESS	1001 N. BARFIELD DR.		2.3 STREE	TADORESS	277	2					٠ .
CITY-ST-ZIP	MARCO ISLAND FL 33937		2. 4 CITY-	ST-ZIP	HAR	<u>.LO</u>	MAND !	<u> </u>	34145	Change	Addition
TITLE		☐ DELETE	3.1 TITLE							[_] Change	☐ Addition
NAME			3.2 NAME		\						
STREET ADDRESS				TADDRESS	1						
C/TY-ST-Z/P		☐ DELETE	3.4. CITY-	ST-ZIP						Change	Addition
TITLE			4.1 TITLE 4. 2 NAME								
NAME				T ADDRESS	.]						
STREET ADDRESS											
CITY-ST-ZIP	 	☐ DELETE	4.4 CITY-	21-ZIF	+					Change	Addition
NAME			5.2 NAME								
STREET ADDRESS				T ADDRESS							
CITY_ST_ZID			5.4 CITY-	ST-ZIP							

CITY-ST-ZIP 14. 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 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

□ DELETE

941-394-8881

Change

☐ Addition