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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V17514 (3)

1. Corporation Name
~~HARBORVIEW REALTY REFERRALS, INC.~~
MARCO BEACH ASSOCIATES, INC.

Principal Place of Business
985 BIRCH CT
MARCO ISLAND FL 33937
US

Mailing Address
985 BIRCH CT
MARCO ISLAND FL 34145-4414
US



2. Principal Place of Business
21 900 N. Collier Blvd.
Suite, Apt. #, etc.
22 City & State
23 Marco Island, FL
Zip Country
24 34145 25 Collier 29 34145 30 Collier

2a. Mailing Address
26 900 N. Collier Blvd.
Suite, Apt. #, etc.
27 City & State
28 Marco Island, FL
Zip Country
29 34145 30 Collier

3. Date Incorporated or Qualified 02/28/1992
3a. Date of Last Report 05/01/1996
4. FEI Number 65-0329168
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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
LAZARUS, MONTE
985 BIRCH CT
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent
81 Name William T. Malloy
82 Street Address (P.O. Box Number is Not Acceptable) 900 N. Collier Blvd.
83
84 City Marco Island FL 85 Zip Code 34145

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 *William T. Malloy*

William T. Malloy

4/30/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME LAZARUS, MONTE
STREET ADDRESS 985 BIRCH CT
CITY-ST-ZIP MARCO ISLAND FL
TITLE D
NAME MEYER, NATALIE P
STREET ADDRESS 291 SO COLLIER BLVD
CITY-ST-ZIP MARCO ISLD FL
TITLE D
NAME LAZARUS, MARIANNE
STREET ADDRESS 291 SO COLLIER BLVD
CITY-ST-ZIP MARCO ISLD FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P/D
1.2 NAME Antaramian, Jack J.
1.3 STREET ADDRESS 3725 Ft. Charles Drive
1.4 CITY-ST-ZIP Naples, FL 34102
2.1 TITLE D
2.2 NAME Nassif, Sr., David E.
2.3 STREET ADDRESS 51 Scotch Pine Road
2.4 CITY-ST-ZIP Wellesley, MA 02181
3.1 TITLE S
3.2 NAME Malloy, William T.
3.3 STREET ADDRESS 776 Eagle Creek Drive, #301
3.4 CITY-ST-ZIP Naples, FL 34113
4.1 TITLE V
4.2 NAME Parlipano, Silvio
4.3 STREET ADDRESS 789 Caribbean Ct.
4.4 CITY-ST-ZIP Marco Island, FL 34145
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *William T. Malloy* William T. Malloy, Secretary 4/30/97 941 394-2505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date

Daytime Phone #

0416006

CR2E034 (9/96)