

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007359

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC3259596165**

**Entity Name:** MARCO COURTYARD TOWERS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1111-1141 SWALLOW AVE  
MARCO ISLAND, FL 34145

**Current Mailing Address:**

P.O. BOX 263  
MARCO ISLAND, FL 34146 US

**FEI Number:** 65-0974199

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILL, JEFFREY  
601 ELKCAM CIRCLE, B-14  
MARCO ISLAND, FL 34145 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name FRIEDMAN, JEFF  
Address 55 PULPIC SQUARE, SUITE 1055  
City-State-Zip: CLEVELAND OH 44113

Title TD  
Name MCCULLOUGH, THOMAS  
Address 1131 SWALLOW AVE., #302  
City-State-Zip: MARCO ISLAND FL 34145

Title SD  
Name THOMPSON, WILLIAM  
Address 2250 RIVER WOODS DR.  
City-State-Zip: NAPERVILLE IL 60565

Title VPD  
Name SCHON, KARL  
Address 6080 INWOOD DRIVE  
City-State-Zip: EAU CLAIRE WI 54701

Title DIRECTOR  
Name SUTTON, ROBERT  
Address 1141 SWALLOW AVENUE  
#502  
City-State-Zip: MARCO ISLAND FL 34145

*I hereby 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 617, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFF FRIEDMAN

**PRESIDENT**

**04/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date