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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750064

1. Corporation Name

SWALLOWS OF SAN MARCO HOMEOWNERS ASSOCIATION, IN
C.

Principal Place of Business

Mailing Address

17 HAMPTON HILLS DR
C/O FRED DENTINGER
AMHERST NY 14221

17 HAMPTON HILLS DR
C/O FRED DENTINGER
AMHERST NY 14221



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

12/05/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

16-1316737

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANKIN, LAWRENCE M.
100 N PINEAPPLE AVENUE
SARASOTA FL 33577

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME DENTINGER, FRED R.
STREET ADDRESS 17 HAMPTON HILLS DR.
CITY-ST-ZIP AMHERST, NY.

1.1 TITLE DVS Change Addition
1.2 NAME RAYMOND JACOBI
1.3 STREET ADDRESS 137 GRAYTON ROAD
1.4 CITY-ST-ZIP TONAWANDA NY 141.50

TITLE DVS DELETE
NAME FLURY, JAMES
STREET ADDRESS WINSPEAR RD
CITY-ST-ZIP W SENECA NY

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPD DELETE
NAME CIMINELLI, FRANK L
STREET ADDRESS 4999 STRICKLER RD
CITY-ST-ZIP CLARENCE NY

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 617, 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 officers empowered.

SIGNATURE:

Signature Required

1/10/99

716 632 3296

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)