

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90005 026 ****61.25

DOCUMENT # 750064

1. Entity Name

SWALLOWS OF SAN MARCO HOMEOWNERS ASSOCIATION, IN

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 14221-5839

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

16-1316737

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DENTINGER, FRED R.	
STREET ADDRESS	17 HAMPTON HILLS DR.	
CITY-ST-ZIP	AMHERST, NY.	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	JACOBI, RAYMOND	
STREET ADDRESS	137 GRAYTON ROAD	
CITY-ST-ZIP	TONAWANDA NY 14150	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CIMINELLI, FRANK L	
STREET ADDRESS	4999 STRICKLER RD	
CITY-ST-ZIP	CLARENCE NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: *Fred Dentinger* **1/31/00** **716 632 3296**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)