

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

0089028

DOCUMENT # 750064

04-16-2001 90019 047 ****61.25

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

529704



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

960 Swallow Ave
 Suite, Apt. #, etc.

c/o Resort + Mgmt
 Suite, Apt. #, etc.

834 Bald Eagle Dr.

City & State

City & State

Marco Island, FL

Marco Island, FL

4. FEI Number

16-1316737

Applied For

Not Applicable

Zip

Country

Zip

Country

34145

34145

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

Ricardo Yuceno
 834 Bald Eagle Dr.
 Marco Island, FL
 34145

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]

4/2/01

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

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

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01
 Date

Daytime Phone #

CR2E037 (10/00)