

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750064

FILED
Apr 09, 2009
Secretary of State

Entity Name: SWALLOWS OF SAN MARCO HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

960 SWALLOW AVE
MARCO ISLAND, FL 34145

New Principal Place of Business:

Current Mailing Address:

C/O RESORT & MGMT
834 BALD EAGLE DR
MARCO ISLAND, FL 34145

New Mailing Address:

P.O. BOX 1845
MARCO ISLAND, FL 34146

FEI Number: 16-1316737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRUESEL, JAMIE
1104 N. COLLIER BLVD
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPTD () Delete
Name: MARANDINO, DOMINIC
Address: 1 APPLELAND
City-St-Zip: SIMSBURY, CT 06070

Title: PD () Delete
Name: JACOBI, RAYMOND
Address: 137 GRAYTON RD.
City-St-Zip: TONAWANDA, NY 14150

Title: S () Delete
Name: DAIGLER, GERALD
Address: 12508 MORTONS CORNERS RD
City-St-Zip: SPRINGVILLE, NY 14141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAIGLER, GERALAD
Address: 12508 MORTONS CORNERS ROAD
City-St-Zip: SPRINGVILLE, NY 14141

Title: STD (X) Change () Addition
Name: TIRONE, CHARLES
Address: 30 STONEYBROOK DRIVE
City-St-Zip: WILLIAMSVILLE, NY 14221

Title: VPD (X) Change () Addition
Name: RIGGIO, CHARLES
Address: 5301 WILLOW LAKE COURT
City-St-Zip: CLARENCE, NY 14031

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLES TIRONE

ST

04/09/2009

Electronic Signature of Signing Officer or Director

Date