

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90084 023 \*\*\*\*61.25

**DOCUMENT # 728903**

1. Entity Name

**SAN MARINO ASSOCIATION, INC.**



40040100



03282007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1511649**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ESTVANDER, DONNA**  
**620 FLAMINGO DR**  
**#205**  
**VENICE, FL 34285**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

**10. OFFICERS AND DIRECTORS**

TITLE NAME	<b>D</b> <b>LILLEY, ROBERT</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>620 FLAMINGO DR, #105</b> <b>VENICE, FL 34285</b>	
TITLE NAME	<b>D</b> <b>BUGENHAGEN, TOM</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>620 FLAMINGO DR #203</b> <b>VENICE, FL 34285</b>	
TITLE NAME	<b>ST</b> <b>ESTVANDER, DONNA</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>250 SUMMIT</b> <b>WADSWORTH, OH 44281</b>	
TITLE NAME	<b>P</b> <b>DARLING, LYNN</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>128 MYAKKA DR</b> <b>VENICE, FL 34293</b>	
TITLE NAME	<b>D</b> <b>SZUHANY, ALLAN</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>500 BCH PK BLVD</b> <b>VENICE, FL 34285</b>	
TITLE NAME	<b>VP</b> <b>LILLEY, NANCY</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>620 FLAMINGO DR #105</b> <b>VENICE, FL 34285</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	<b>Director</b> <b>MICHAEL T. ESTVANDER JR.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>250 SUMMIT ST.</b> <b>WADSWORTH, OH 44281</b>	
TITLE NAME	<b>D.</b> <b>Same</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<b>ST</b> <b>DONNA M. ESTVANDER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>250 SUMMIT ST.</b> <b>WADSWORTH, OH 44281</b>	<b>Same</b>
TITLE NAME	<b>P</b> <b>Same</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<b>D</b> <b>Same</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<b>VP</b> <b>Same</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DONNA M. ESTVANDER**

Date

Daytime Phone #

3/29/07 330 335-8055