


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 728903</b> 1. Entity Name <b>SAN MARINO ASSOCIATION, INC.</b>					
Principal Place of Business <b>620 FLAMINGO DRIVE VENICE, FL 34285</b>			Mailing Address <b>250 SUMMIT ST WADSWORTH, OH 44281</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1511649</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ESTVANDER, DONNA 620 FLAMINGO DR #205 VENICE, FL 34285</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ DATE <b>04/10/08-80104-013 61.25</b> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ESTVANDER JR, MICHAEL T</b>		NAME	<div style="font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">             No Changes           </div>	
STREET ADDRESS	<b>250 SUMMIT ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WADSWORTH, OH 44281</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BUGENHAGEN, TOM</b>		NAME		
STREET ADDRESS	<b>620 FLAMINGO DR #203</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>VENICE, FL 34285</b>		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ESTVANDER, DONNA</b>		NAME		
STREET ADDRESS	<b>250 SUMMIT ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WADSWORTH, OH 44281</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DARLING, LYNN</b>		NAME		
STREET ADDRESS	<b>128 MYAKKA DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>VENICE, FL 34293</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SZUHANY, ALLAN</b>		NAME		
STREET ADDRESS	<b>500 BCH PK BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>VENICE, FL 34285</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LILLEY, NANCY</b>		NAME		
STREET ADDRESS	<b>620 FLAMINGO DR #105</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>VENICE, FL 34285</b>		CITY-ST-ZIP		
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.					
<b>SIGNATURE: <i>Donna N. Estvander</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3/26/08</b> Daytime Phone # <b>330 335-8055</b>		