

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728903

FILED
Apr 18, 2009
Secretary of State

Entity Name: SAN MARINO ASSOCIATION, INC.

Current Principal Place of Business:

620 FLAMINGO DRIVE
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

250 SUMMIT ST
WADSWORTH, OH 44281

New Mailing Address:

FEI Number: 59-1511649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTVANDER, DONNA
620 FLAMINGO DR
#205
VENICE, FL 34285 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: D () Delete
Name: ESTVANDER JR, MICHAEL T
Address: 250 SUMMIT ST
City-St-Zip: WADSWORTH, OH 44281

Title: D () Delete
Name: BUGENHAGEN, TOM
Address: 620 FLAMINGO DR #203
City-St-Zip: VENICE, FL 34285

Title: ST () Delete
Name: ESTRANDER, DONNA
Address: 250 SUMMIT ST
City-St-Zip: WADSWORTH, OH 44281

Title: P () Delete
Name: DARLING, LYNN
Address: 128 MYAKKA DR
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: SZUHANY, ALLAN
Address: 500 BCH PK BLVD
City-St-Zip: VENICE, FL 34285

Title: VP () Delete
Name: LILLEY, NANCY
Address: 620 FLAMINGO DR #105
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: ESTVANDER, DONNA
Address: 250 SUMMIT ST
City-St-Zip: WADSWORTH, OH 44281

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONNA ESTVANDER

ST

04/18/2009

Electronic Signature of Signing Officer or Director

Date