

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90020 003 \*\*\*\*70.00

<b>DOCUMENT # 732046</b> 1. Entity Name <b>SAN MARCO CLUB, INC</b>					
Principal Place of Business <b>1423 SAN MARCO BLVD. JACKSONVILLE, FL 32207</b>			Mailing Address <b>1423 SAN MARCO BLVD. JACKSONVILLE, FL 32207</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		
6. Name and Address of Current Registered Agent  <b>HIGLEY, RITA 12496 ATTRILL ROAD JACKSONVILLE, FL 32258</b>				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALY III, ROBERT 2326 WOODALE STREET JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Smith, Dick 3931 Barcelona Avenue Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HIGLEY, RITA 12496 ATTRILL ROAD JACKSONVILLE, FL 32258	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Patricia Powell 1204 Morvenwood Road Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, DICK 3931 BARCELONA AVENUE JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Akai, Victor 2706 Alvarado Avenue Jacksonville, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, MIKE 13035 MANDARIN ROAD JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Crick 5120 Robert Scott Drive N Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKEL, VICTOR 2706 ALVARADO AVENUE JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ingeborg Thompson 905 Inwood Terrace Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINAN, EDDIE 1681 RIVER ROAD JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sean Fitzgerald 3541 Rain Forest Drive West Jacksonville, FL 32207
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:</b> <u><i>Rita Higley</i></u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <span><u>4/11/08</u></span> <span><u>904.279.8559</u></span> </div> <small>Date Daytime Phone</small>					

40066574



04062008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-6014899**

Applied For  
Not Applicable

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