


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90181 025 \*\*\*\*61.25

<b>DOCUMENT # 743798</b> 1. Entity Name <b>SAN MARCO RESIDENCES OF MARCO, INC.</b>					
Principal Place of Business <b>291 SOUTH COLLIER BLVD. UNIT 107 MARCO ISLAND, FL 34145 US</b>			Mailing Address <b>291 SOUTH COLLIER BLVD. UNIT 107 MARCO ISLAND, FL 34145 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>65-0104511</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SWALM, JOHN M., III 2375 TAMiami TRAIL NORTH SUITE 308 NAPLES, FL 34103</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 _____ <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 September 6, 2006</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COX, LINDA</b>		NAME	<b>Mari-lynn McGregor</b>	
STREET ADDRESS	<b>807 DEER RUN</b>		STREET ADDRESS	<b>319 Bookery Court</b>	
CITY-ST-ZIP	<b>MAHOMET, IL 61853</b>		CITY-ST-ZIP	<b>Marco Island, FL 34145</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAMS, IVAN</b>		NAME	<b>Alberti, Marjorie</b>	
STREET ADDRESS	<b>1501 MARVON DR.</b>		STREET ADDRESS	<b>51 Whitin Avenue</b>	
CITY-ST-ZIP	<b>EFFINGHAM, IL 62401</b>		CITY-ST-ZIP	<b>Revere, MA 02151</b>	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RECKER, FRANK</b>		NAME		
STREET ADDRESS	<b>267 N COLLIER BLVD # 202</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MARCO ISLAND, FL 34145</b>		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHellenberger, GEORGE</b>		NAME	<b>Fonda, George</b>	
STREET ADDRESS	<b>1293 N COLLIER BLVD</b>		STREET ADDRESS	<b>1690 Orleans Court</b>	
CITY-ST-ZIP	<b>MARCO ISLAND, FL 34145</b>		CITY-ST-ZIP	<b>Marco Island, FL 34145</b>	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOLMqurst, JOAN</b>		NAME	<b>Shafer, John</b>	
STREET ADDRESS	<b>27050 LAKE HARBOR DT 202</b>		STREET ADDRESS	<b>17 W. Second Street</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34134</b>		CITY-ST-ZIP	<b>Frederick, MD 21701</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:</b> <u>Mari-lynn McGregor</u>			Date: <u>5/1/06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Daytime Phone #: <u>(239) 394-0222</u>		