


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90072 022 ****61.25

DOCUMENT # 743798	
1. Entity Name SAN MARCO RESIDENCES OF MARCO, INC.	

Principal Place of Business 291 SOUTH COLLIER BLVD. UNIT 107 MARCO ISLAND, FL 34145 US	Mailing Address 291 SOUTH COLLIER BLVD. UNIT 107 MARCO ISLAND, FL 34145 US
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DO NOT WRITE IN THIS SPACE



03222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0104511	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SWALM, JOHN M., III 2375 TAMiami TRAIL NORTH SUITE 308 NAPLES, FL 34103

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RECKER, FRANK 267 N. COLLIER BLVD # 202 1850 San Marco Road MARCO ISLAND, FL 34145 Marco Island, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCGREGOR, MARILYNN 319 ROOKERY COURT MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V John Shafer 17 W 2nd Street Frederick, Maryland 21701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T George Fonda 1640 Orleans Court Marco Island, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Marjorie Alberti 51 Whiting Avenue Revere, MA 02151
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Marjorie Alberti 3-22-07 (239) 394-0222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #