

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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**

**FILED
Jul 14, 2008 08:00 AM
Secretary of State**



07082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-0104511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SWALM, JOHN M., III
2375 TAMiami TRAIL NORTH
SUITE 308
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RECKER, FRANK
STREET ADDRESS	1850 SAN MARCO ROAD
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	V
NAME	MCGREGOR, MARILYNN
STREET ADDRESS	319 ROOKERY COURT
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	V
NAME	SHAHER, JOHN
STREET ADDRESS	17 W 2ND STREET
CITY-ST-ZIP	FREDERICK, MD 21701
TITLE	T
NAME	FONDA, GEORGE
STREET ADDRESS	1690 ORLEANS COURT
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	S
NAME	ALBERTI, MARJORIE
STREET ADDRESS	51 WHITIN AVENUE
CITY-ST-ZIP	REVERE, MA 02151
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/14/08-80007-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-11-08 (239) 394-0222