

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90061 004 \*\*\*\*61.25

<b>DOCUMENT # 761913</b> 1. Entity Name <b>SAN MARCO SQUARE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O BERRY &amp; GREUSEL</b> <b>1104 NORTH COLLIER BLVD.</b> <b>MARCO ISLAND, FL 34145 US</b>			Mailing Address <b>C/O BERRY &amp; GREUSEL</b> <b>1104 NORTH COLLIER BLVD.</b> <b>MARCO ISLAND, FL 34145 US</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	4. FEI Number <b>59-2393436</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GRUSEL, JAMIE B</b> <b>1104 NORTH COLLIER BLVD.</b> <b>MARCO ISLAND, FL 34145</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 re-registering) DATE _____					
<b>Filing Fee is \$61.25</b> <b>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	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GREUSEL, JAMIE B</b>	NAME			
STREET ADDRESS	<b>1104 NO COLLIER BLVE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>MARCO ISLD, FL</b>	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>AYASUN, TARIK N</b>	NAME			
STREET ADDRESS	<b>160 LEEWARD COURT</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>MARCO ISLAND, FL 34145</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GIBSON, JIM</b>	NAME			
STREET ADDRESS	<b>1281 6TH AVE.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>MARCO ISLAND, FL 34145</b>	CITY-ST-ZIP			
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			
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 life empowered.					
<b>SIGNATURE:</b> <i>[Signature]</i>		<i>[Signature]</i>		<b>3/26/08 239343611</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	