

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000252

FILED
Mar 13, 2007
Secretary of State

Entity Name: CITIHOMES AT SAN MARCO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-2939040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W SR 434, STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: BUSHER, MARK
Address: 7855 ARGYLE FOREST BLVD #703
City-St-Zip: JACKSONVILLE, FL 32244

Title: VSD () Delete
Name: KURTZ, GERALD
Address: 1520 HIDDEN CREEK POINT
City-St-Zip: CUMMING, GA 33040

Title: D () Delete
Name: SHONSTROM, ANN
Address: 6 SATINWOOD
City-St-Zip: IRVINE, CA 92612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CRUZ, AARON
Address: 1641 FOREST CREEK DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD (X) Change () Addition
Name: STANTON, ROSE
Address: 305 DIAMANTE WAY
City-St-Zip: OCEANSIDE, CA 92056

Title: STD (X) Change () Addition
Name: HARRIS, MICHAEL
Address: 6055 W SHORES RD
City-St-Zip: ORANGE PARK, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON CRUZ

PD

03/13/2007

Electronic Signature of Signing Officer or Director

Date