

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000252

FILED
Apr 23, 2009
Secretary of State

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

Current Principal Place of Business:

4003 HARTLEY ROAD
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

4003 HARTLEY ROAD
JACKSONVILLE, FL 32257

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:

SIGNATURE REALTY & MANAGEMENT
4003 HARTLEY ROAD
2180 W SR 434, STE 5000
JACKSONVILLE, FL 32257 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: PRES () Delete
Name: CRUZ, AARON
Address: 2043 DUNSFORD TERRACE UNIT-23
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP () Delete
Name: STANTON, ROSE
Address: 2043 DUNSFORD TERRACE UNIT-7
City-St-Zip: JACKSONVILLE, FL 32207

Title: TREA () Delete
Name: VALDOMAR, HELEN
Address: 2043 DUNSFORD TERRACE UNIT-8-9
City-St-Zip: JACKSONVILLE, FL 32207

Title: SEC () Delete
Name: WEBB, MONICA
Address: 2043 DUNSFORD TERRACE UNIT-11
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MORIAN, KAREN
Address: 2043 DUNSFORD TERRACE UNIT-24
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify 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

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date