

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90096 041 ****61.25

DOCUMENT # N03000003788

1. Entity Name
SAN MARCO AT VENETIAN GOLF & RIVER CLUB
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2020 CLUBHOUSE DRIVE
DUN CITY CENTER, FL 33573

Mailing Address
2020 CLUBHOUSE DRIVE
DUN CITY CENTER, FL 33573

40100000



2. Principal Place of Business - No P.O. Box # 2477 Stickney Point Rd Suite, Apt. #, etc. #118A City & State Sarasota, FL Zip 34231 Country US		3. Mailing Address 2477 Stickney Point Rd Suite, Apt. #, etc. #118A City & State Sarasota, FL Zip 34231 Country US	
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04132007 Chg-NP CR2E037 (12/06)

4. FEI Number 86-1062887	Applied For <input type="checkbox"/> 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

WCI COMMUNITIES, INC.
24201 WALDEN CTR DR
BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

Name
Argus Property Maint
Street Address (P.O. Box Number is Not Acceptable)
2477 Stickney Point Rd #118A
City
Sarasota FL Zip Code
34231

I, 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 Ellen McNally DATE 4/26/07
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ISGRO, JOSEPH 141 PADOVA WAY NO. VENICE, FL 34275 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAUL, ADDIE 114 PADOVA WAY NO. VENICE, FL 34275 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCNALLY, ELLEN M 153 PADOVA WAY NO. VENICE, FL 34275 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO ADDIE PAUL 114 Padova Way N. Venice, FL 34275 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ellen McNally 153 Padova Way N. Venice, FL 34275 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Dee Glatz 146 Padova Way N. Venice, FL 34275 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #