


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000003788</b>	
1. Entity Name <b>SAN MARCO AT VENETIAN GOLF &amp; RIVER CLUB CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>2477 STICKNEY POINT RD #118 A SARASOTA FL 34231</b>	Mailing Address <b>2477 STICKNEY POINT RD #118 A SARASOTA FL 34231</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/07)

City & State	City & State	4. FEI Number <b>86-1062887</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ARGUS PROPERTY MGMT 2477 STICKNEY POINT RD #118 A SARASOTA FL 34231</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	VPD <input type="checkbox"/> Delete
NAME	PAUL, ADDIE
STREET ADDRESS	114 PADOVA WAY
CITY-ST-ZIP	NO. VENICE FL 34275
TITLE	PD <input type="checkbox"/> Delete
NAME	M McNALLY, ELLEN M
STREET ADDRESS	153 PADOVA WAY
CITY-ST-ZIP	NO. VENICE FL 34275
TITLE	STD <input type="checkbox"/> Delete
NAME	GLATZ, DEE
STREET ADDRESS	146 PADOVA WAY
CITY-ST-ZIP	NORTH VENICE FL 34275
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Ellen M. McNally*