

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003788

FILED  
Apr 09, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2477 STICKNEY POINT RD  
#118 A  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

2477 STICKNEY POINT RD  
#118 A  
SARASOTA, FL 34231

**New Mailing Address:**

FEI Number: 86-1062887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARGUS PROPERTY MGMT  
2477 STICKNEY POINT RD #118 A  
SARASOTA, FL 34231 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: VPD ( ) Delete  
Name: PAUL, ADDIE  
Address: 114 PADOVA WAY  
City-St-Zip: NO. VENICE, FL 34275

Title: PD ( ) Delete  
Name: MCNALLY, ELLEN M  
Address: 153 PADOVA WAY  
City-St-Zip: NO. VENICE, FL 34275

Title: STD ( ) Delete  
Name: GLATZ, DEE  
Address: 146 PADOVA WAY  
City-St-Zip: NORTH VENICE, FL 34275

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: STD (X) Change ( ) Addition  
Name: MILLER, GARY  
Address: 218 PADOVA WAY  
City-St-Zip: NORTH VENICE, FL 34275

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: ELLEN MCNALLY

PD

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date