

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003717

FILED
Feb 21, 2007
Secretary of State

Entity Name: SAN MARINO ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 428
MELBOURNE, FL 32902 US

New Principal Place of Business:

152 N HARBOR CITY BLVD
200
MELBOURNE, FL 32935 US

Current Mailing Address:

PO BOX 428
MELBOURNE, FL 32902 US

New Mailing Address:

FEI Number: 20-1006299 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KRASNY, SCOTT
304 S. HARBOR CITY BOULEVARD
SUITE 201
MELBOURNE, FL 32901 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: P () Delete
Name: NEWTON, JOHN
Address: 152 N. HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935 US

Title: VP () Delete
Name: BRUBAKER, MIKE
Address: 656 HAWKSBILL ISLAND DR.
City-St-Zip: SATELLITE BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOHN NEWTON

P

02/21/2007

Electronic Signature of Signing Officer or Director

Date