

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90061 050 ****61.25

DOCUMENT # N04000003803					
1. Entity Name SAN MARCO II AT VENETIAN GOLF & RIVER CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 988 WOODRIDGE DR THE PLANTATION OFFICE VENICE, FL 34293			Mailing Address 988 WOODRIDGE DR THE PLANTATION OFFICE VENICE, FL 34293		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 41-2141219	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ADVANCED MANAGEMENT, INC 999 WOODBRIDGE DR VENICE, FL 34292			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME FREEMAN, JOHN STREET ADDRESS 481 MONTELLUNA DR CITY-ST-ZIP NORTH VENICE, FL 34275	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Lewis Perry STREET ADDRESS 899 woodbridge dr. CITY-ST-ZIP Venice fl 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME AARON, ROBERT C STREET ADDRESS 988 WOODRIDGE DR CITY-ST-ZIP VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Robert Aaron STREET ADDRESS 899 woodbridge dr. CITY-ST-ZIP Venice fl 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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12. 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: <u>Robert Aaron</u> Secretary/Treasurer <u>4/4/08</u> <u>941-493 0287</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40061010



03262008 Chg-NP CR2E037 (12/06)

4. FEI Number
41-2141219

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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SIGNATURE: Robert Aaron **Secretary/Treasurer** 4/4/08 941-493 0287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #