2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2010
Secretary of State

DOCUMENT# N07000000691

Entity Name: LAKE SAN MARINO RESIDENTS ASSOCIATION INCORPORATED

Current Principal Place of Business:

1000 WIGGINS PASS RD E
NAPLES, FL 341106300

New Principal Place of Business:

Current Mailing Address:

1000 WIGGINS PASS RD E
NAPLES, FL 341106300

New Mailing Address:

FEI Number: 51-0656948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COTE, CONRAD
LAKE SAN MARINO RV RESORT
1000 WIGGINS PASS RD E - UNIT 43
NAPLES, FL 341106300 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
Name: STONE, TED
Address: SAN MARINO CIR - # L16
City-St-Zip: NAPLES, FL 341106300

Title: VP
Name: MARCHESE, JOSEPH
Address: ANGLERS COVE - # 276
City-St-Zip: NAPLES, FL 341106300

Title: S
Name: LYNCH, PATRICIA
Address: MARINER COVE #89
City-St-Zip: NAPLES, FL 34110

Title: T
Name: JUDD, PAUL
Address: SAN MARINO CIR - # L-26
City-St-Zip: NAPLES, FL 341106300

Title: AT
Name: SWOPE, MARILYN
Address: SAN MARINO CIR - # L-36
City-St-Zip: NAPLES, FL 341106300

Title: D
Name: COTE, CONRAD
Address: SEABREEZE PLACE - # 43
City-St-Zip: NAPLES, FL 341106300

I hereby 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 all other like empowered.

SIGNATURE: CONRAD A. COTE D 03/30/2010

Electronic Signature of Signing Officer or Director — Date