2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000691

FILED Mar 28, 2012 Secretary of State

Entity Name: LAKE SAN MARINO RESIDENTS ASSOCIATION INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

1000 WIGGINS PASS RD E NAPLES, FL 341106300

Current Mailing Address: New Mailing Address:

1000 WIGGINS PASS RD E NAPLES, FL 341106300

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

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

COTE, CONRAD LAKE SAN MARINO RV RESORT 1000 WIGGINS PASS RD E - UNIT 43 NAPLES, FL 341106300 US

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: F

Name: JUDD, PAUL

Address: SAN MARINO CIR - # L26 City-St-Zip: NAPLES, FL 341106300

Title: VP

Name: MCKEEN, FRANK

Address: SAN MARINO CIRCLE # L10 City-St-Zip: NAPLES, FL 341106300

Title: S

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

Title:

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: [

 Name:
 COTE, CONRAD A

 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 AGNT 03/28/2012