

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21799

FILED
Apr 09, 2007
Secretary of State

Entity Name: SAN MARCO VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 STE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 STE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2501472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 327795044 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: VPSP () Delete
Name: WEISS, JOANNE
Address: 179 W SABAL PALM PL
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: CLAMP, STEVEN
Address: 228 W SABAL PALM PL
City-St-Zip: LONGWOOD, FL 32779

Title: TD () Delete
Name: MCCARRICK, DON
Address: 181 W. SABAL PALM PL
City-St-Zip: LONGWOOD, FL 32779

Title: PD () Delete
Name: ROBERTSON, PHYLLIS
Address: 240 W SABAL PALM PL
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: LANE, TERRY
Address: 274 W SABAL PALM PL
City-St-Zip: LONGWOOD, FL 32779

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: ASD () Change (X) Addition
Name: TUCKER, JENNIFER
Address: 260 W SABAL PALM PL
City-St-Zip: LONGWOOD, FL 32779

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: PHYLLIS ROBERTSON

PD

04/09/2007

Electronic Signature of Signing Officer or Director

Date