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FILED

Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36628 (8)

1. Corporation Name

SAN MARCO TOWNHOMES II ASSOCIATION, INC.

Principal Place of Business

1317 NE 1ST ST
FT. LAUDERDALE FL 33301
US

Mailing Address

1317 NE 1ST ST
FT. LAUDERDALE FL 33301-1711
US3. Date Incorporated or Qualified
02/09/19903a. Date of Last Report
03/21/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
65-0229842Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HAGY, THOMAS P
1317 N E 1ST STREET
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAGY, THOMAS P	
STREET ADDRESS	1317 NE 1ST ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HAGY, JANICE P	
STREET ADDRESS	1317 NE 1ST ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CONRAD, KEITH	
STREET ADDRESS	1319 NE 1ST STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAEL, GEORGE	
STREET ADDRESS	1315 NE 1ST STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMOCK, LINDA	
STREET ADDRESS	1313 N E 1ST STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	George Rael
3.3 STREET ADDRESS	1315 N. E. 1st St.
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jim Esposito
4.3 STREET ADDRESS	1313 N. E. 1st St.
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	David Strachan
5.3 STREET ADDRESS	1319 N. E. 1st Street
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Larry Silver
6.3 STREET ADDRESS	103 N. E. 14th Ave.
6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas P. Hagy, Pres

Date

Daytime Phone # 0035300

CR2E037 (9/96)