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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36628** (8)

1. Corporation Name

SAN MARCO TOWNHOMES II ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1317 NE 1ST ST
FT. LAUDERDALE FL 33301
US

1317 NE 1ST ST
FT. LAUDERDALE FL 33301
US

3. Date Incorporated or Qualified

02/09/1990

4. FEI Number

65-0229842

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **1313 - 1319 N. E. 1st St.**
Suite, Apt. #, etc.

26 **1315 N. E. 1st Street**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Ft. Lauderdale, Fla.**
Zip Country

28 **Ft. Lauderdale, FL**
Zip Country

24 **33301**

25 **USA**

29 **33301**

30 **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

RAEL, George

82

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

1315 N. E. 1st Street

83

84

City **Fort Lauderdale**

FL

85 Zip Code
33301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HAGY, THOMAS P	
STREET ADDRESS	1317 NE 1ST ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	ST	<input checked="" 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	RAEL, GEORGE	
STREET ADDRESS	1315 NE 1ST ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ESPOSITO, JIM	
STREET ADDRESS	1313 NE 1ST ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRACHAN, DAVID	
STREET ADDRESS	1319 NE 1ST ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SILVER, LARRY	
STREET ADDRESS	103 NE 14TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RAEL, George	
1.3 STREET ADDRESS	1315 N. E. 1st Street	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Marianne B. Rael	
2.3 STREET ADDRESS	1315 N. E. 1st Street	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: **Marianne B. Rael**

CR2E037 (10/97)