2004 NOT-FOR-PROFIT CORPORATION

## **FILED** ANNUAL REPORT Aug 04, 2004 08:00 AM Secretary of State **DOCUMENT # N36628** 1. Entity Name SAN MARCO TOWNHOMES II ASSOCIATION, INC. Principal Place of Business Mailing Address 1313-1319 NE 1ST STREET 1315 NE 1ST STREET FT. LAUDERDALE, FL 33301 1LS FT. LAUDERDALE, FL 33301 115 CR2E037 (10/03) 07272004 No Cha-NP DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0229842 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RAEL, GEORGE 1315 NE 1ST STREET FT. LAUDERDALE, FL 33301 IN THIS SPACE 3. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE **S**7 - - U00000169288 08/04/04-80001-003 61.25 NAME RAEL, MARIANNE B. STREET ADDRESS 1315 NE 1ST STREET CITY-ST-ZIP FT. LAUDERDALE, FL 33301 TITLE PD MAME RAEL, GEORGE STREET ADDRESS 1315 NE 1ST ST CATY-ST-ZIP FT LAUDERDALE, FL 33301 TITLE

NAME STREET ADDRESS CATY-SY-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this econd as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

DO NOT WRITE

IN THIS SPACE

SIGNATURE: _	name	6	Nous.	SEC TREAS	82-04	954-281-7108
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Dayrime Prione #

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TITLE

NAME STREET ADDRESS

TITLE NAME

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STREET ADDRESS

C/TY-57-Z/P

CITY-ST-ZIP

STREET ADDRESS

CRY-ST-ZIP

MURRAY, DAVID

1313 NE 1ST ST

STRACHAN, DAVID

FT LAUDERDALE, FL

HARDER, ROBERT

1313 NE FIRST ST.

1319 NE 1ST ST

FORT LAUDERDALE, FL 33301

FORT LAUDERDALE, FL 33301