


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90021 015 ****61.25

DOCUMENT # N94000006220	
1. Entity Name ISLE OF SAN MARINO NEIGHBORHOOD ASSOCIATION, INC.	

Principal Place of Business BAYSHORE MANAGEMENT 1304 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34983 US	Mailing Address BAYSHORE MANAGEMENT 1304 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34983 US
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40007400

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03292007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0591788		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BAYSHORE MANAGEMETN 1304 SW BAYSHORE BLVD PORT ST LUCIE, FL 34983		7. Name and Address of New Registered Agent
		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL Zip Code

8. 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 _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	1st V.P. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANO, JOSEPH	NAME	
STREET ADDRESS	509 NW GALATONE	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JODICE, FRANK	NAME	
STREET ADDRESS	519 NW CORTINA LN.	STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986	CITY-ST-ZIP	
TITLE	2ND SECT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATCHER, RITA	NAME	
STREET ADDRESS	561 NW CORTINA LN	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	CITY-ST-ZIP	
TITLE	B P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANIN, DOROTHY	NAME	
STREET ADDRESS	568 NW CORTING	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34986	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSOS, TOM	NAME	
STREET ADDRESS	519 NW CORTINA LN	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	CITY-ST-ZIP	
TITLE	3RD VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAR MODY HOREEN	NAME	
STREET ADDRESS	555 NW PORTOFINO LANE	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/5/07**
Signature and typed or printed name of signing officer or director Date Daytime Phone #