

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90014 006 \*\*\*\*61.25

<b>DOCUMENT # N94000006220</b> 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	
2. Principal Place of Business - No P.O. Box # BAYSHORE ASSOCIATION MANAGEMENT Suite, Apt. #, etc. 430 NW LAKE WHITNEY PLACE City & State PORT ST LUCIE FL Zip 34986 Country US		3. Mailing Address BAYSHORE ASSOCIATION MANAGEMENT Suite, Apt. #, etc. 430 NW LAKE WHITNEY PLACE City & State PORT ST LUCIE FL Zip 34986 Country US	
6. Name and Address of Current Registered Agent  BAYSHORE MANAGEMENT 1304 SW BAYSHORE BLVD PORT ST LUCIE, FL 34983		7. Name and Address of New Registered Agent Name BAYSHORE ASSOCIATION MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 430 NW LAKE WHITNEY PLACE City PORT ST LUCIE FL Zip Code 34986	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP ROMANO, JOSEPH 509 NW GALATONE PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JODICE, FRANK 519 NW CORTINA LN. PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KATCHER, RITA 561 NW CORTINA LN PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANIN, DOROTHY 568 NW CORTING STUART, FL 34986	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP CARMODY, HEREEN 555 HW PORTOFINO LN PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <i>Dorothy Janin, President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>3/14/08</i> <small>Date</small>	