2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

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Entity Name: ISLE OF SAN MARINO NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

BAYSHORE ASSOCIATION MGMT
430 NW LAKE WHITNEY PLACE
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

BAYSHORE ASSOCIATION MGMT
430 NW LAKE WHITNEY PLACE
PORT SAINT LUCIE, FL 34986 US

New Mailing Address:

FEI Number: 65-0591788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAYSHORE ASSOCIATION MGMT
430 NW LAKE WHITNEY PLACE
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: 1VP ( ) Delete
Name: ROMANO, JOSEPH
Address: 509 NW GALATONE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T ( ) Delete
Name: JODICE, FRANK
Address: 519 NW CORTINA LN.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: S ( ) Delete
Name: KATCHER, RITA
Address: 561 NW CORTINA LN
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: P ( ) Delete
Name: JANIN, DOROTHY
Address: 568 NW CORTING
City-St-Zip: STUART, FL 34986

Title: 2VP ( ) Delete
Name: CARMODY, HEREEN
Address: 555 HW PORTOFINO LN
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ROMANO, JOSEPH
Address: 509 NW GALATONE LANE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T (X) Change ( ) Addition
Name: JODICE, FRANK
Address: 519 NW CORTINA LANE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: S (X) Change ( ) Addition
Name: KATCHER, RITA
Address: 561 NW CORTINA LANE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: 1VP (X) Change ( ) Addition
Name: TERRY, NORMAN
Address: 510 NW GALATONE LANE
City-St-Zip: STUART, FL 34986

Title: D (X) Change ( ) Addition
Name: PATSOS, TOM
Address: 500 NW PORTOFINO LANE
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN TERRY VP 04/07/2009
Electronic Signature of Signing Officer or Director — Date