2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400006220

FILED Mar 10, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: F

Name: ROMANO, JOSEPH
Address: 509 NW GALATONE LANE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: 7

Name: JODICE, FRANK
Address: 519 NW CORTINA LANE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: S

 Name:
 KATCHER, RITA

 Address:
 561 NW CORTINA LANE

 City-St-Zip:
 PORT SAINT LUCIE, FL 34986

Title: 1VP

Title:

 Name:
 TERRY, NORMAN

 Address:
 510 NW GALATONE LANE

 City-St-Zip:
 STUART, FL 34986

City-St-Zip. STOART, I E

 Name:
 LARAMEE, RICHARD

 Address:
 586 NW CORTINA LANE

 City-St-Zip:
 PORT SAINT LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH ROMANO P 03/10/2010