


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|----------------------------|---------------------------------|--|---|---|
| DOCUMENT # P03000122653 | | | |  | |
| 1. Entity Name SAN MARINO AT MIROMAR LAKES, INC. | | | | | |
| Principal Place of Business 4770 ALBERTON COURT #2602 NAPLES FL 34105 US | | | Mailing Address 4770 ALBERTON COURT #2602 NAPLES FL 34105 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-0363271 | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| BATEMAN, ARTHUR L 4770 ALBERTON COURT #2602 NAPLES FL 34105 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BATEMAN, ARTHUR L | | | NAME | |
| STREET ADDRESS | 4770 ALBERTON COURT, #2602 | | | STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 34105 | | | CITY-ST-ZIP | |
| TITLE | SD | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DERSCHE, JOYCE E | | | NAME | |
| STREET ADDRESS | 4770 ALBERTON COURT, #2602 | | | STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 34105 | | | CITY-ST-ZIP | |
| TITLE | TD | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DULANEY, JO ANN | | | NAME | |
| STREET ADDRESS | 4770 ALBERTON COURT, #2602 | | | STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 34105 | | | CITY-ST-ZIP | |
| TITLE | VP | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BESSETTE, DANA P | | | NAME | |
| STREET ADDRESS | 4770 ALBERTON COURT, #2602 | | | STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL 34105 | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |



1st MOORE CR2E034 (10/04)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BATEMAN, ARTHUR L
STREET ADDRESS 4770 ALBERTON COURT, #2602
CITY-ST-ZIP NAPLES FL 34105

TITLE SD ☐ Delete
NAME DERSCH, JOYCE E
STREET ADDRESS 4770 ALBERTON COURT, #2602
CITY-ST-ZIP NAPLES FL 34105

TITLE TD ☐ Delete
NAME DULANEY, JO ANN
STREET ADDRESS 4770 ALBERTON COURT, #2602
CITY-ST-ZIP NAPLES FL 34105

TITLE VP ☐ Delete
NAME BESSETTE, DANA P
STREET ADDRESS 4770 ALBERTON COURT, #2602
CITY-ST-ZIP NAPLES FL 34105

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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 607, 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: *Arthur L. Bateman* **Arthur L. Bateman, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-05 1239 430-1012
Date Daytime Phone #