

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90030 043 ***150.00

DOCUMENT # P04000167039

1. Entity Name
SANTA MARIA RESORT, INC.



Principal Place of Business
6000 EXECUTIVE BOULEVARD, SUITE 700
ROCKVILLE, MD 20852

Mailing Address
6000 EXECUTIVE BOULEVARD, SUITE 700
ROCKVILLE, MD 20852

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2047131

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

A.G.C. CO.
200 SOUTH ORANGE AVENUE
SUNTRUST CENTER, SUITE 2300
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MEISEL, JOEL S
STREET ADDRESS	6000 EXECUTIVE BLVD, 7TH FLR
CITY-ST-ZIP	ROCKVILLE, MD 20852
TITLE	VSTD
NAME	SATURN, MARTIN J marc L. Meisel
STREET ADDRESS	6000 EXECUTIVE BLVD, 7TH FLR
CITY-ST-ZIP	ROCKVILLE, MD 20852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08 301 881 7800

Date

Daytime Phone #