Applied For Not Applicable

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May 06, 1999 8:00 am Secretary of State

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CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000048305

SAN MARCO VILLAGE APARTMENTS MANAGEMENT CORPORAT ION

Pabble Cal Gare W.

RISON A, NASS

SW 342

Ribert Wi Sacks

Post Ved Beach

Mailing Address Principal Place of Business 8027 PEBBLE CREEK LANE. WEST 8027 PEBBLE CREEK LANE, WEST PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/27/1998 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 21 26 Suite, Apt. #, etc. **\$8.75** Additional Suite, Apt. #, etc. Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country This corporation owes the current year Intaggible Personal Property Tax. Yes 24 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SACKS, CATHY Street Address (P.O. Box Number is Not Acceptable) 8027 PEBBLE CREEK LANE, WEST PONTE VEDRA BEACH FL 32082 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change □ DELETE 1.1 TITLE TITLE Pusas NAME 12 NAME L. Sacts 1.3 STREET ADDRESS STREET ADDRESS 19564 Cour Las 1.4 CITY-ST-ZIP CITY-ST-ZIP Change 2.1 TITLE

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

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2.3 STREET ADDRESS

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SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR cles

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