

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90029 037 ***150.00

DOCUMENT # P98000048305



1. Entity Name
SAN MARCO VILLAGE APARTMENTS MANAGEMENT CORPORATION

Principal Place of Business
**8027 PEBBLE CREEK LANE, WEST
PONTE VEDRA BEACH, FL 32082**

Mailing Address
**P.O. BOX 529
DELAND, FL 32721**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

905 Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1

City & State

**City & State
DELAND FL**

Zip

Country

Zip

Country

32724

USA

07162008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3514901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SACKS, CATHY
8027 PEBBLE CREEK LANE, WEST
PONTE VEDRA BEACH, FL 32082**

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

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SACKS, CATHY L
STREET ADDRESS 8027 PEBBLE CREEK LANE W
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE VPD ☐ Delete
NAME SACKS, ROBERT W
STREET ADDRESS 8027 PEBBLE CREEK LANE WEST
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE TD ☐ Delete
NAME NASS, ROBERT A
STREET ADDRESS PO BOX 244
CITY-ST-ZIP DELAND, FL 32721

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **905 Biscayne Blvd #2**
CITY-ST-ZIP **DELAND FL 32724**

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

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

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

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

Date

Daytime Phone #

7-17-08

386-740-7355

ATTACHMENT

60045414



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2008

SAN MARCO VILLAGE APARTMENTS MANAGEMENT CORPORATION
905 BISCAYNE BLVD. #1
DELAND, FL 32724

SUBJECT: SAN MARCO VILLAGE APARTMENTS MANAGEMENT CORPORATION
Ref. Number: P98000048305

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

An officer or director must sign the report.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott
Regulatory Specialist II

Letter Number: 808A00040407

Bob -

It was filed & mailed

w/ all other reports. - They lost it.

The ck has not cleared. I have already written & they called requesting an original be signed.

Please sign & mail enclosed form.

[Signature]