


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 709953 (4)**  
 1. Corporation Name  
**SAN REMO, INC., A CONDOMINIUM**



Principal Place of Business <b>2871 N. OCEAN BLVD. BOCA RATON FL 33431</b>	Mailing Address <b>2871 N. OCEAN BLVD. BOCA RATON FL 33431</b>
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3. Date Incorporated or Qualified <b>11/19/1965</b>	4. FEI Number <b>59-1202524</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**MOLLENGARDEN, PETER  
 BECKER, POLIAKOFF, P.A.  
 500 AUSTRALIAN AVE  
 W PALM BCH FL 33401**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BARBARA SPARGO</b>	
STREET ADDRESS	<b>2871 N. OCEAN BLVD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FORTI, JOSEPH</b>	
STREET ADDRESS	<b>2871 NORTH OCEAN BLVD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DELANEY, FRANK</b>	
STREET ADDRESS	<b>2871 N OCEAN BLVD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STONER, ROBERT</b>	
STREET ADDRESS	<b>2871 NORTH OCEAN BLVD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARSHALL, IRVINE</b>	
STREET ADDRESS	<b>2871 N OCEAN BLVD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>VPO</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SILVERIO, AL</b>	
STREET ADDRESS	<b>2871 N OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>KENDALL GOODRICH</b>	
1.3 STREET ADDRESS	<b>2871 N.OCEAN BLVD</b>	
1.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>GENE GULLIVAR</b>	
2.3 STREET ADDRESS	<b>2871 N.OCEAN BLVD</b>	
2.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>	
3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JOSEPH FORTI</b>	
3.3 STREET ADDRESS	<b>2871 N.OCEAN BLVD</b>	
3.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>	
4.1 TITLE	<b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>FRANK DUNCAN</b>	
4.3 STREET ADDRESS	<b>2871 N.OCEAN BLVD</b>	
4.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>JEAN DAVIES</b>	
5.3 STREET ADDRESS	<b>2871 N.OCEAN BLVD</b>	
5.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>	
6.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>DONALD BROWN</b>	
6.3 STREET ADDRESS	<b>2871 N.OCEAN BLVD</b>	
6.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE: Kendall Goodrich** *Kendall Goodrich* **4/14/98**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date  
 561-750-7775  
 Daytime Phone # 6020262

CR2E037 (10/97)