


**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90193 038 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

94070162

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # 709953</b>  |  |   |  |   |  |
| 1. Entity Name<br><b>SAN REMO, INC., A CONDOMINIUM</b>  |  |   |  |  |  |
| Principal Place of Business<br><b>2871 N. OCEAN BLVD.<br/>BOCA RATON, FL 33431</b>  |  |   | Mailing Address<br><b>2871 N. OCEAN BLVD.<br/>BOCA RATON, FL 33431</b> |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |  |  |
| City & State  |  | City & State  |  |  |  |
| Zip   |  | Country   |  | Zip  |  |
| Country   |  | Country   |  | Country  |  |
| 8. Name and Address of Current Registered Agent<br><b>RANDALL ROGER &amp; ASSOCIATES<br/>621 NW 53RD STREET, SUITE 300<br/>BOCA RATON, FL 33487</b>   |  |   |  | 7. Name and Address of New Registered Agent  |  |
|   |  |   |  | 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 _____<br><small>Signature, typed or printed name of registrant agent and file if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____   |  |   |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be<br>Added to Fees  |  |
| Make check payable to:<br><b>Florida Department of State</b>  |  |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>           |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>ARCHIBALD, DOUGLAS<br>2871 N. OCEAN BLVD<br>BOCA RATON, FL 33431   | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | PRESIDENT<br>GATES, Howard<br>2871 N. Ocean Blvd.<br>BOCA RATON, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>FORTI, JOSEPH<br>2871 N OCEAN BLVD<br>BOCA RATON, FL 33431          | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | SECRETARY<br>Joseph Forti<br>2871 N. Ocean Blvd.<br>BOCA RATON, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>REIMAN, RICHARD<br>2871 NORTH OCEAN BLVD<br>BOCA RATON, FL 33431    | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | DIRECTOR<br>Alan Christman<br>2871 N. Ocean Blvd.<br>BOCA RATON, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>FRANK, CHARLES<br>2871 N OCEAN BLVD<br>BOCA RATON, FL 33431       | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | VICE-PRESIDENT<br>Cullen, Patricia<br>2871 N. Ocean Blvd.<br>BOCA RATON, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>CULLEN, PATRICIA ELLEN<br>2871 N OCEAN BLVD<br>BOCA RATON, FL 33431 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | DIRECTOR<br>CANNING, DAVID<br>2871 N. Ocean Blvd.<br>BOCA RATON, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>GATES, HOWARD<br>2871 N OCEAN BLVD<br>BOCA RATON, FL 33431         | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | TREASURER<br>Michael Sabol<br>2871 N. Ocean Blvd.<br>BOCA RATON, FL 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |  |
| 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 617, 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: _____  |  |   | Date: 4/22/04  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | <small>Daytime Phone # 561-750-7775</small>                            |  |  |