

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709953

**Entity Name:** SAN REMO, INC., A CONDOMINIUM

**Current Principal Place of Business:**

2871 N. OCEAN BLVD.  
BOCA RATON, FL 33431

**FILED**  
**Feb 19, 2018**  
**Secretary of State**  
**CC8412884864**

**Current Mailing Address:**

2871 N. OCEAN BLVD.  
BOCA RATON, FL 33431

**FEI Number: 59-1202524**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
625 NORTH FLAGLER DR  
7TH FLOOR  
WEST PALM BEACH, FL 33401 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           DULIN, THOMAS  
Address        2871 N OCEAN BLVD D408  
City-State-Zip: BOCA RATON FL 33431

Title           TREASURER  
Name           YATRAKIS, PAN  
Address        2871 N OCEAN BLVD D416  
City-State-Zip: BOCA RATON FL 33431

Title           DIRECTOR  
Name           OCCHIPINTI, GEORGE  
Address        2871 N. OCEAN BLVD, D212  
City-State-Zip: BOCA RATON FL 33431

Title           VP  
Name           GABRIEL, MICHAEL  
Address        2871 N. OCEAN BLVD.,  
                  V445  
City-State-Zip: BOCA RATON FL 33431

Title           DIRECTOR  
Name           ENOS, DAN  
Address        2871 N. OCEAN BLVD.,  
                  C111  
City-State-Zip: BOCA RATON FL 33431

Title           DIRECTOR  
Name           MALFITANO, MARC  
Address        2871 N OCEAN BLVD.,  
                  R660  
City-State-Zip: BOCA RATON FL 33431

Title           DIRECTOR  
Name           ABRAMSON, HARRY  
Address        2871 N. OCEAN BLVD.,  
                  M132  
City-State-Zip: BOCA RATON FL 33431

Title           SECRETARY  
Name           GATES, HOWARD  
Address        2871 N. OCEAN BLVD.,  
                  M128  
City-State-Zip: BOCA RATON FL 33431

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: HOWARD GATES**

**SECRETARY**

**02/19/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            STAMPER, MAUREEN  
Address        2871 N. OCEAN BLVD.  
                  R550  
City-State-Zip: BOCA RATON FL 33431