

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709953

**FILED**  
**Feb 25, 2015**  
**Secretary of State**  
**CC9581608209**

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

**Current Principal Place of Business:**

2871 N. OCEAN BLVD.  
BOCA RATON, FL 33431

**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            MALFITANO, MARC  
Address        2871 N OCEAN BLVD R660  
City-State-Zip: BOCA RATON FL 33431

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

Title            SECRETARY  
Name            ROSE, WILLARD L JR.  
Address        2871 N OCEAN BLVD R154  
City-State-Zip: BOCA RATON FL 33431

Title            DIRECTOR  
Name            PASTERNAK, MEL  
Address        2871 N OCEAN BLVD C211  
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            DESIMONE, RALPH  
Address        2871 N OCEAN BLVD, M538  
City-State-Zip: BOCA RATON FL 33431

Title            ASST. SECRETARY  
Name            ISENBEEK, ROBERT  
Address        2871 N. OCEAN BLVD, D206  
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

**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: WILLARD L. ROSE, JR.

SECRETARY

02/25/2015

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SHONIKER, THOMAS  
Address        2871 N. OCEAN BLVD., R146  
City-State-Zip: BOCA RATON FL 33431