

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711481 (2)

1. Corporation Name
SAN REMO SHORES ASSOCIATION, INC.



Principal Place of Business: 3908 ROYAL PALM DRIVE BRADENTON FL 34210
Mailing Address: 3908 ROYAL PALM DRIVE BRADENTON FL 34210

3. Date Incorporated or Qualified 09/13/1966	3a. Date of Last Report 03/28/1995
4. FEI Number 23-7107735	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**RUFFATTI, A. RAYMOND
3908 ROYAL PALM DRIVE
BRADENTON FL 34210**

10. Name and Address of New Registered Agent

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input checked="" type="checkbox"/>
NAME	MARKELL, WILLIAM A.	
STREET ADDRESS	4104 COCOANUT TERR.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DS	<input type="checkbox"/>
NAME	JOHNSON, BEVERLY	
STREET ADDRESS	4003 BAMBOO	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DV	<input type="checkbox"/>
NAME	OLCOTT, CYNTHIA	
STREET ADDRESS	4111 PLUMOSA	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/>
NAME	FORSTER, PETER	
STREET ADDRESS	3611 PLUMOSA TERR.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TD	<input type="checkbox"/>
NAME	RUFFATTI, A. RAYMOND	
STREET ADDRESS	3908 ROYAL PALM DRIVE	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	LANEY, BOB	
STREET ADDRESS	3711 BAMBOO	
CITY-ST-ZIP	BRADENTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	CO. PRESIDENTS + DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	DALE AND BARBARA HARRELL		
1.3 STREET ADDRESS	9904 ROYAL PALM DRIVE		
1.4 CITY-ST-ZIP	BRADENTON, FL 34210		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	LYNN PARKER		
6.3 STREET ADDRESS	4112 PLUMOSA TERRACE		
6.4 CITY-ST-ZIP	BRADENTON, FL 34210		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *A. Raymond Ruffatti, Treasurer* 3/4/96 94-792-5785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)