

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

**FILED**  
**Apr 08 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 711481 (2)**  
 1. Corporation Name  
**SAN REMO SHORES ASSOCIATION, INC.**



Principal Place of Business <b>3908 ROYAL PALM DRIVE BRADENTON FL 34210</b>	Mailing Address <b>3908 ROYAL PALM DRIVE BRADENTON FL 34210-1307</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>09/13/1966</b>	3a. Date of Last Report <b>03/08/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>23-7107735</b>	Applied For Not Applicable
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5. Certificate of Status Desired <input type="checkbox"/>	

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

**RUFFATTI, A. RAYMOND**  
**3908 ROYAL PLAM 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>HARRELL, DALE AND BARBA</b>	1.1 TITLE <b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>9904 ROYAL PALM DRIVE</b>	<b>BRADENTON FL</b>	1.2 NAME <b>SANDRA NANCY</b>	
CITY-ST-ZIP <b>BRADENTON FL</b>		1.3 STREET ADDRESS <b>4111 BAH BOO TERRACE</b>	
TITLE <b>DS</b>	<b>JOHNSON, BEVERLY</b>	1.4 CITY-ST-ZIP <b>BRADENTON, FL 34210</b>	
STREET ADDRESS <b>4003 BAMBOO</b>	<b>BRADENTON FL</b>	2.1 TITLE <b>ROBERT L. KILL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP <b>BRADENTON FL</b>		2.2 NAME <b>DIRECTOR</b>	
TITLE <b>DV</b>	<b>OLCOTT, CYNTHIA</b>	2.3 STREET ADDRESS <b>4111 COCONUT TERRACE</b>	
STREET ADDRESS <b>4111 PLUMOSA</b>	<b>BRADENTON FL</b>	2.4 CITY-ST-ZIP <b>BRADENTON, FL 34210</b>	
CITY-ST-ZIP <b>BRADENTON FL</b>		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<b>FORSTER, PETER</b>	3.2 NAME	
STREET ADDRESS <b>3811 PLUMOSA TERR.</b>	<b>BRADENTON FL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP <b>BRADENTON FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<b>RUFFATTI, A. RAYMOND</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3908 ROYAL PALM DRIVE</b>	<b>BRADENTON FL</b>	4.2 NAME	
CITY-ST-ZIP <b>BRADENTON FL</b>		4.3 STREET ADDRESS	
TITLE <b>D</b>	<b>PARKER, LYNN</b>	4.4 CITY-ST-ZIP	
STREET ADDRESS <b>4122 PLUMOSA TERRACE</b>	<b>BRADENTON FL</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <b>BRADENTON FL</b>		5.2 NAME	
TITLE <b>D</b>	<b>PARKER, LYNN</b>	5.3 STREET ADDRESS	
STREET ADDRESS <b>4122 PLUMOSA TERRACE</b>	<b>BRADENTON FL</b>	5.4 CITY-ST-ZIP	
CITY-ST-ZIP <b>BRADENTON FL</b>		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<b>PARKER, LYNN</b>	6.2 NAME	
STREET ADDRESS <b>4122 PLUMOSA TERRACE</b>	<b>BRADENTON FL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP <b>BRADENTON FL</b>		6.4 CITY-ST-ZIP	

14. I do 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: *A. Raymond Ruffatti* **4/10/97 9011-192-5785**

CR2E037 (9/96)