

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
4. FEI Number 23-7107735	Applied For Not Applicable
6. 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
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
85 Zip Code

FL

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	
TITLE PD	HARRELL, DALE AND BARBA <input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	8904 ROYAL PALM DRIVE
CITY-ST-ZIP	BRADENTON FL
TITLE DS	JOHNSON, BEVERLY <input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	4003 BAMBOO
CITY-ST-ZIP	BRADENTON FL
TITLE DV	OLCOTT, CYNTHIA <input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	4111 PLUMOSA
CITY-ST-ZIP	BRADENTON FL
TITLE D	NAGY, SANDRA <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	4111 BAMBOO TERRACE
CITY-ST-ZIP	BRADENTON FL
TITLE TD	RUFFATTI, A. RAYMOND <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	3908 ROYAL PALM DRIVE
CITY-ST-ZIP	BRADENTON FL
TITLE D	PARKER, LYNN <input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	4122 PLUMOSA TERRACE
CITY-ST-ZIP	BRADENTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CYNTHIA H. OLCOTT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALAN H. BLAIR
1.3 STREET ADDRESS	4111 PLUMOSA TERRACE
1.4 CITY-ST-ZIP	BRADENTON, FL 34210
2.1 TITLE	D.V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAM E. HENRY
2.3 STREET ADDRESS	4004 PLUMOSA TERRACE
2.4 CITY-ST-ZIP	BRADENTON, FL 34210
3.1 TITLE	D. S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SA RAH ANN BLAKE
3.3 STREET ADDRESS	4016 BAMBOO TERRACE
3.4 CITY-ST-ZIP	BRADENTON, FL 34210
4.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARTIN PARKER
4.3 STREET ADDRESS	4122 PLUMOSA TERRACE
4.4 CITY-ST-ZIP	BRADENTON, FL 34210
5.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DANYA HUNTER
5.3 STREET ADDRESS	3911 PLUMOSA TERRACE
5.4 CITY-ST-ZIP	BRADENTON, FL 34210
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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* **A. RAYMOND RUFFATTI** 941-792-785
1/3/98

CFR2037 (10/97)