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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90090 047 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 711481**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/13/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7107735
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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	EOPD OLCOTT, CYNTHIA A B ALAN H 4111 H; LUMOSA TERRACE BRADENTON FL 34210	1.1 TITLE	PRESIDENT + DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	SARAH ANN BLAKE
STREET ADDRESS		1.3 STREET ADDRESS	4016 BAMBOO TERRACE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	DV HENRY, WILLIAM C 4004 PLUMOSE TERRACE BRADENTON FL 34210	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	SAME
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DS BLAKE, SARAH ANN 4016 BAMBOO TERRACE BRADENTON FL 34210	3.1 TITLE	DIRECTOR + SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	MICHELLE L. YATROS
STREET ADDRESS		3.3 STREET ADDRESS	3015 BAMBOO TERRACE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	D NAGY, SANDRA 4111 BAMBOO TERRACE BRADENTON FL	4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	DANYA HUNTER
STREET ADDRESS		4.3 STREET ADDRESS	3911 PLUMOSA TERRACE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	TD RUFFATTI, A. RAYMOND 3908 ROYAL PALM DRIVE BRADENTON FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	SAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D PARKER, MARTIN 4122 PLUMOSA TERRACE BRADENTON FL 34210	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	SAME
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 with all other like empowered.

SIGNATURE: A. Raymond Ruffatti **RECEIVED** 2/19/99 941-792-5785  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)