## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#711481**

FILED Jun 19, 2009 Secretary of State

Entity Name: SAN REMO SHORES ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:	
	'AL PALM DR TON, FL 34210		
current Mailing Address:		New Mailing Address:	
224	RTEZ ROAD WEST		
RADEN	TON, FL 34210		
n accordar	r: 23-7107735		( ) Certificate of Status Desired ( ) ress of New Registered Agent:
	ODD 'AL PALM DRIVE TON, FL 34210 US		
	e named entity submits this statement for the purpos e of Florida.	se of changing its reg	istered office or registered agent, or bot
IGNATU	RE:		
	Electronic Signature of Registered Agent		Date
FFICER	S AND DIRECTORS:	ADDITIONS/CH	IANGES TO OFFICERS AND DIRECT
itle:	PRES () Delete SHELY, TODD	Title: Name:	( ) Change ( ) Addition
ddress:	3607 ROYAL PALM DR. BRADENTON, FL 34210	Address: City-St-Zip:	
ame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip:	3607 ROYAL PALM DR.	Address:	()Change ()Addition
ddress: ity-St-Zip: tte: ame: ddress: ity-St-Zip: tte: ame: ddress:	3607 ROYAL PALM DR. BRADENTON, FL 34210  VP ( ) Delete WHITEHEAD, JOANN 3712 ROYAL PALM DR.	Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition
ddress: ity-St-Zip: tle: ame: ddress:	3607 ROYAL PALM DR. BRADENTON, FL 34210  VP ( ) Delete WHITEHEAD, JOANN 3712 ROYAL PALM DR. BRADENTON, FL 34210  RS ( ) Delete SULTANA, MARY 3915 ROYAL PALM DR.	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	• • • •
ddress: ity-St-Zip: tle: ame: ddress: ity-St-Zip: tle: ame: ddress: ity-St-Zip: tte: ame: ddress: ity-St-Zip:	3607 ROYAL PALM DR. BRADENTON, FL 34210  VP ( ) Delete WHITEHEAD, JOANN 3712 ROYAL PALM DR. BRADENTON, FL 34210  RS ( ) Delete SULTANA, MARY 3915 ROYAL PALM DR. BRADENTON, FL 34210  D ( ) Delete LOEVENICH, KARL 4008 ROYAL PALM DRIVE	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	()Change()Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARILYN SMITH TREA 06/19/2009