

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

06 APR 11 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # 730644</b>		1. Entity Name <b>SAN REMO TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.</b>	
Principal Place of Business <b>1016 OCEAN DR. JUNO BEACH, FL 33408</b>		Mailing Address <b>1016 OCEAN DR. JUNO BEACH, FL 33408 P.O. Box 30026 33420 PALM BEACH GARDENS, FL</b>	
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 30026</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>PALM BEACH GARDENS</b>	
Zip	Country	Zip <b>33420</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>KRONA, JOHN L 1016 OCEAN DR. JUNO BEACH, FL 33408</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>John L. Kona</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>24 MAR 2006</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEACHMAN, MARY JEAN 1008 OCEAN DRIVE JUNO BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GERARD TEACHMAN 1008 OCEAN DR JUNO BEACH, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CALLAGHAN, JERRY 1010 OCEAN DRIVE JUNO BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GERARD BACH 1002 OCEAN DR JUNO BEACH, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KRONA, JOHN L 1016 OCEAN DR. JUNO BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHN KRONA 1016 OCEAN DR JUNO BEACH, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>REINSTATEMENT 05-06 JSC</b>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>John L. Kona</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>24 MAR 2006</b> <small>DATE</small>	
		<small>Daytime Phone #</small>	