

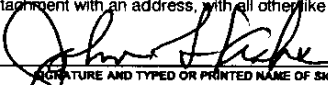


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90018 015 \*\*\*\*61.25

<b>DOCUMENT # 730644</b> 1. Entity Name <b>SAN REMO TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1016 OCEAN DRIVE JUNO BEACH, FL 33408</b>			Mailing Address <b>P.O. BOX 30026 PALM BEACH GARDENS, FL 33420</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>444 ZEPHYR WAY</b> Suite, Apt. #, etc.		  01122008 Chg-NP CR2E037 (12/06)	
City & State <b>JUNO BEACH FL</b>		City & State <b>JUNO BEACH FL</b>			
Zip <b>33408</b>	Country <b>USA</b>	4. FEI Number <b>65-0094148</b>	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent <b>KROHA, JOHN L 1016 OCEAN DRIVE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 / Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TEACHMAN, GERARD</b> <b>1008 OCEAN DRIVE</b> <b>JUNO BEACH, FL 33408</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BACH, RICHARD</b> <b>1902 OCEAN DRIVE</b> <b>JUNO BEACH, FL 33408</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BACH, RICHARD</b> <b>1002 OCEAN DRIVE</b> <b>JUNO BEACH, FL 33408</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Y</b> <b>CONNA HOLLAND</b> <b>1014 OCEAN DR</b> <b>JUNO BEACH, FL 33408</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST S</b> <b>KROHA, JOHN L</b> <b>1016 OCEAN DRIVE</b> <b>JUNO BEACH, FL 33408</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BEATRICE RICARDO</b> <b>1904 OCEAN DRIVE</b> <b>JUNO BEACH, FL 33408</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>JOHN L. KROHA</b>			Date: <b>12 JAN 2008</b> Daytime Phone #: <b>561 694-0697</b>		

*Beall* 9/3/2/08