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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746695 (6)

1. Corporation Name
SAN REMO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
472 FIRST STREET W. TIERRA VERDE FL 33715
472 FIRST STREET W. TIERRA VERDE FL 33715-1707

3. Date Incorporated or Qualified 04/10/1979
3a. Date of Last Report 05/01/1996

| | | | | | | | |
|----|--------------------------------|---------------------|----|---|--------------------------|--------------------------------|----------------|
| 21 | 2. Principal Place of Business | 2a. Mailing Address | 26 | 4. FEI Number | 59-3039189 | Applied For | Not Applicable |
| 22 | Suite, Apt. #, etc. | Suite, Apt. #, etc. | 27 | 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 23 | City & State | City & State | 28 | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 24 | Zip | Country | 25 | 29 | Zip | Country | 30 |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

KNAUST, WARREN J
2730 CENTRAL AVE.
ST. PETERSBURG FL 33712

10. Name and Address of New Registered Agent

81 Name John E. Swisher
82 Street Address (P.O. Box Number is Not Acceptable) 669 1st Ave No
83
84 City St. Petersburg FL 85 Zip Code 33701

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

[Handwritten Signature]

07/01/18

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | |
|----------------|-----------------------|---------------------------------|--------------------|---|
| TITLE | PSTD | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VAN PUTTE, ANTOINETTE | | 1.2 NAME | |
| STREET ADDRESS | 472 FIRST STREET W. | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TIERRA VERDE FL | | 1.4 CITY-ST-ZIP | |
| TITLE | VPD | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VERSTRAETEN, MARIA | | 2.2 NAME | |
| STREET ADDRESS | 472 FIRST STREET W. | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TIERRA VERDE FL | | 2.4 CITY-ST-ZIP | |
| TITLE | D | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOON, MARIO | | 3.2 NAME | |
| STREET ADDRESS | 472 FIRST STREET WEST | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TIERRA VERDE FL | | 3.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

14. I do 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:

[Handwritten Signature] Antoinette van Putte 07/2/18

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0051184

CR2E037 (9/96)