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May 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746695** (6)

1. Corporation Name

**SAN REMO CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**472 FIRST STREET W.  
TIERRA VERDE FL 33715**

Mailing Address

**472 FIRST STREET W.  
TIERRA VERDE FL 33715**



3. Date Incorporated or Qualified

**04/10/1979**

4. FEI Number

**59-3039189**

Applied For

Not Applicable

2. Principal Place of Business

**21 L.O.F.F.I.H.**

Suite, Apt. #, etc.

**22 472 1ST STK W.**

City & State

**23 TIERRA VERDE**

Zip

**24 33715**

Country

**25 FL**

2a. Mailing Address

**26 L.O.F.F.I.H.**

Suite, Apt. #, etc.

**27 472 1ST STK W.**

City & State

**28 TIERRA VERDE.**

Zip

**29 33715**

Country

**30 FL**

5. Certificate of Status Desired ☐

**\$8.75 Additional**

Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be**

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible

Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SWISHER, JOHN E**

**660 1ST AVE NO**

**ST. PETERSBURG FL 33701**

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☒ DELETE

NAME **VAN PUTTE, ANTOINETTE**

STREET ADDRESS **472 FIRST STREET W.**

CITY - ST - ZIP **TIERRA VERDE FL**

TITLE **VPD** ☐ DELETE

NAME **VERSTRAETEN, MARIA**

STREET ADDRESS **472 FIRST STREET W.**

CITY - ST - ZIP **TIERRA VERDE FL**

TITLE **D** ☒ DELETE

NAME **BOON, MARIO**

STREET ADDRESS **472 FIRST STREET WEST**

CITY - ST - ZIP **TIERRA VERDE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE: [Signature] REQUIRED

04/28/98 (813) 906-0121

CR2E037 (10/97)