

FILE NOW: FILING FEE IS \$61.25

FILED

**May 11 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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3. Date Incorporated or Qualified
04/10/1979

4. FEI Number
59-3039189

Applied For	Not Applicable
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21. Principal Place of Business L.O.F.F.I.H.	2a. Mailing Address L.O.F.F.I.H.
22. Suite, Apt. #, etc. 472 1ST STK W.	27. Suite, Apt. #, etc. 472 1ST STK W.
23. City & State TIERRA VERDE	28. City & State TIERRA VERDE.
24. Zip 33715	25. Country FL
29. Zip 33715	30. Country 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	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	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERSTRAETEN, MARIA	2.2 NAME	MARIA VERSTRAETEN
STREET ADDRESS	472 FIRST STREET W.	2.3 STREET ADDRESS	669 1ST AVE NO
CITY-ST-ZIP	TIERRA VERDE FL	2.4 CITY-ST-ZIP	ST PETERSBURG FL 33701
TITLE	D	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		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	P.S.O
STREET ADDRESS		4.3 STREET ADDRESS	669 1ST AVE NO
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ST PETERSBURG FL 33701
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D.T
STREET ADDRESS		5.3 STREET ADDRESS	BART DE BRUYN
CITY-ST-ZIP		5.4 CITY-ST-ZIP	669 1ST AVE NO
TITLE		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 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: _____ (NOTE: REGISTERED AGENT SIGNATURE REQUIRED) **04/28/98 (813) 906-0191**

CR2E037 (10/97)