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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 746695
1. Corporation Name
SAN REMO CONDOMINIUM ASSE. INC.

Amendment

Principal Place of Business
10004-CORTEZ RD.W
BRADENTON, FL.
34210

Mailing Address
90 RESAM CORP.
1611-10th AVE.W.
PALMETTO, FL. 34221

3. Date Incorporated or Qualified
4-10-79

4. FEI Number
592692220

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
JOHN E. SWISHER
669-1st AVE. N.
ST. PETERSBURG, FL. 33701

10. Name and Address of New Registered Agent
81 Name CHARLES R. KING - RESAM CORP.
82 Street Address (P.O. Box Number is Not Acceptable)
1611-10th AVE. W.
83 PALMETTO, FL 34221
84 City PALMETTO, FL. FL 85 Zip Code 34221

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 Charles R. King (NOTE: Registered Agent signature required when reinstating) DATE 9/24/98

12. OFFICERS AND DIRECTORS

TITLE D	VERSTRAETEN, MARIA	<input checked="" type="checkbox"/> DELETE
NAME	669-1st AVE. W.	
STREET ADDRESS	St. Petersburg FL. 33701	
CITY-ST-ZIP		
TITLE PSD	BRUYN, JOE D	<input checked="" type="checkbox"/> DELETE
NAME	669-1st AVE. N.	
STREET ADDRESS	St. Petersburg, FL. 33701	
CITY-ST-ZIP		
TITLE DT	BRUYN, BART D.	<input checked="" type="checkbox"/> DELETE
NAME	669-1st AVE. N.	
STREET ADDRESS	St. Petersburg FL. 33701	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHRIS BAILEY
1.3 STREET ADDRESS	10004-CORTEZ RD.W
1.4 CITY-ST-ZIP	BRADENTON, FLA. 34210
2.1 TITLE VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RONALD ACKLEY
2.3 STREET ADDRESS	7615-DEER PARKWAY
2.4 CITY-ST-ZIP	REYNOLDSBURG, OHIO 43088
3.1 TITLE ST/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	REBERTA B. BANAN
3.3 STREET ADDRESS	558-BAYVIEW DR.
3.4 CITY-ST-ZIP	LONGBOAT KEY, FLA. 34228
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	600002674886--7
4.3 STREET ADDRESS	-10/28/98-01086-004
4.4 CITY-ST-ZIP	*****61.25 *****61.25
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

SC 10-27-98

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 charged, or on an attachment with an address.

SIGNATURE: Roberta B. Banan 9/29/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E087 (10/97)