


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AD)

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 746695</b> 1. Entity Name <b>SAN REMO CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>10004 CORTEZ RD W BRADENTON FL 34210 US</b>	Mailing Address <b>1611 91ST COURT NW BRADENTON FL 34209 US</b>
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MOORE CR2E037 (11/03)

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>59-2692220</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>COOPER, BEN A 3909 E BAY STREET SUITE 110 HOLMES BEACH FL 34217</b>
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7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table style="width: 100%;"> <tr> <td style="width: 80%;">                             PD  <b>HATHAWAY, DUANE</b>                              6805 13TH AVE, DR W                              BRADENTON FL 34209                         </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete                         </td> </tr> <tr> <td>                             DV  <b>BALIC, BRANKO</b>                              11300 LANEY RD                              HOWEY IN THE HILLS FL 34737                         </td> <td style="text-align: right;"> <input type="checkbox"/> Delete                         </td> </tr> <tr> <td>                             SD  <b>BALIC, SHARRON</b>                              11300 LANEY DR                              HOWEY IN THE HILLS FL 34737                         </td> <td style="text-align: right;"> <input type="checkbox"/> Delete                         </td> </tr> <tr> <td>                             TD  <b>HATHAWAY, CAROL</b>                              6805 13TH AVE DR W                              BRADENTON FL 34209                         </td> <td style="text-align: right;"> <input type="checkbox"/> Delete                         </td> </tr> <tr> <td>                             _____                              _____                              _____                         </td> <td style="text-align: right;"> <input type="checkbox"/> Delete                         </td> </tr> <tr> <td>                             _____                              _____                              _____                         </td> <td style="text-align: right;"> <input type="checkbox"/> Delete                         </td> </tr> </table>	PD <b>HATHAWAY, DUANE</b> 6805 13TH AVE, DR W BRADENTON FL 34209	<input type="checkbox"/> Delete	DV <b>BALIC, BRANKO</b> 11300 LANEY RD HOWEY IN THE HILLS FL 34737	<input type="checkbox"/> Delete	SD <b>BALIC, SHARRON</b> 11300 LANEY DR HOWEY IN THE HILLS FL 34737	<input type="checkbox"/> Delete	TD <b>HATHAWAY, CAROL</b> 6805 13TH AVE DR W BRADENTON FL 34209	<input type="checkbox"/> Delete	_____ _____ _____	<input type="checkbox"/> Delete	_____ _____ _____	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table style="width: 100%;"> <tr> <td style="width: 80%;">                             _____                              _____                              _____                         </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                         </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">                             UN0000058180                              02/20/04-80020-001 61.25                         </td> <td></td> </tr> </table>	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	UN0000058180 02/20/04-80020-001 61.25	
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12. 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 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.

<b>SIGNATURE:</b> <i>Duane E. Hathaway</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <b>2/16/04</b>	Daytime Phone #: <b>941-794-5552</b>
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