

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90145 047 ****61.25

DOCUMENT # N00000001632

1. Entity Name
ST. REMY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1307 EUCLID AVE.
#2
MIAMI BEACH, FL 33139**

Mailing Address
**1307 EUCLID AVE.
#2
MIAMI BEACH, FL 33139**

50063804



08112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0991024

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GIOVANNI, MARISA DI
1307 EUCLID AVE.
#2
MIAMI BEACH, FL 33139**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	BERRIOS, CARLOS
STREET ADDRESS	10041 NW 51ST LANE
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	DP
NAME	GIOVANNI, MARISA
STREET ADDRESS	1307 EUCLID AVE. #2
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	DT
NAME	CHRISTODOULOU, OLGA
STREET ADDRESS	1307 EUCLID AVE. #5
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Marisa di Giovanni 8/20/05 305-733-1691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #