


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90088 006 ****61.25

DOCUMENT # N02000000043		
1. Entity Name SAN REMO OWNERS ASSOCIATION, INC.		

Principal Place of Business 12815 HWY 98 WEST SUITE 300 MIRAMAR BEACH, FL 32550	Mailing Address PO BOX 1779 DESTIN, FL 32540
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40014321



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01172007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, LORRETTA C/O NEWMAN DAILEY 12815 HWY 98 W, SUITE 100 MIRAMAR BEACH, FL 32550		Name Smith, Loretta W. CAM Street Address (P.O. Box Number is Not Acceptable) Newman-Dailey Resort Properties 12815 Highway 98 West Suite 100 City Miramar Beach FL Zip Code 32550	

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 *Loretta W. Smith, CAM* DATE 1-27-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LATRINO, KENNETH PO BOX 6061 MIRAMAR BEACH, FL 32550 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Catrino, Kenneth
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAU, RICHARD 77 WHITE CLIFFS LN SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4045 W. Highway 30A # 403 Santa Rosa Beach, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKERSON, DEAN 4093 INDIAN TR DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1077 Highway 98 East Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASON, JAMES 2804 AZALEA PLACE NASHVILLE, TN 37204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary / Treasurer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, FRED PO BOX 190495 MOBILE, AL 36619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Ken Catrino* DATE 1/27/07 DAYTIME PHONE # 837-1071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR