2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000043

Entity Name: SAN REMO OWNERS ASSOCIATION, INC.

FILED Apr 16, 2009 Secretary of State

y	iidi O/IIVILI	WIC CAMPACITY (1)					
Current Principal Place of Business:				New Principal Place of Business:			
12815 HWY 98 WEST SUITE 100				12815 HIGHWAY 98 WEST SUITE 100			
MIRAMAR BEACH, FL 32550				MIRAMAR BEACH, FL 32550			
Current Mailing Address:				New Mailing Address:			
PO BOX 1779 DESTIN, FL 32540				P.O. BOX 1779 DESTIN, FL 32540			
FEI Number: 94-3414743 FEI Number Applied For ()			FEI Number Not Applicable ()		icable ()) Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SMITH, LORETTA W CAM NEWMAN - DAILEY RESORT PROPERTIES 12815 HWY 98 W, SUITE 100 MIRAMAR BEACH, FL 32550 US				SMITH, LORETTA W CAM 12815 HIGHWAY 98 WEST SUITE 100 MIRAMAR BEACH, FL 32550 US			
	named entity e of Florida.	submits this statement for the p	ourpose of	f changing i	ts registere	d office or registered agent, or both,	
SIGNATURE: LORETTA SMITH				04/16/2009			
	Electron	nic Signature of Registered Age	ent			Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGI	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P (CATRINO, KEN PO BOX 6061 MIRAMAR BEA			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	RAU, RICHARD 4045 W. HIGH			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (WILKERSON, 1077 HIGHWA' DESTIN, FL 32	Y 98 EAST		Title: Name: Address: City-St-Zip:	D THOMAS, G 191 RIVERV FRANKLIN,	VOOD DRIVE	
Title: Name: Address: City-St-Zip:	D (MOON, LARON P.O BOX 406 BUENA VISTA,			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	TS (WALKER, DAN 1097 LONGWO ATLANTA, GA	OOD TRACE		Title: Name: Address: Citv-St-Zip:	ST WALKER, D 1097 LONG ATLANTA. G	WOOD TRACE	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN CATRINO P 04/16/2009