

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

DOCUMENT# N02000005868

**FILED**  
**Apr 18, 2005**  
**Secretary of State**

**Entity Name:** SAN REMO OF EDGEWATER HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

800 1ST AVENUE  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

800 1ST AVENUE  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

**FEI Number:** 11-3680121      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAPUTO, DOMINICK  
800 1ST AVENUE  
NEW SMYRNA BEACH, FL 32169      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: CAPUTO, DOMINICK  
Address: 800 1ST AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: STD      ( ) Delete  
Name: COLE-CAPUTO, NANCY  
Address: 800 1ST AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D      ( ) Delete  
Name: MANCINI, ALFRED A  
Address: 800 1ST AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NANCY COLE-CAPUTO

STD

04/18/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date