

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

02-09-2006 90045 039 ****61.25

DOCUMENT # N02000005868

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



Principal Place of Business
**800 1ST AVENUE
NEW SMYRNA BEACH, FL 32169**

Mailing Address
**800 1ST AVENUE
NEW SMYRNA BEACH, FL 32169**

66012973



2. Principal Place of Business
P.O. Box 1205
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1205
Suite, Apt. #, etc.

03272006 Chg-NP CR2E037 (11/05)

City & State
Edgewater Florida
Zip
32132
Country
Volusia

City & State
Edgewater Florida
Zip
32132
Country
Volusia

4. FEI Number
11-3680121
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**CAPUTO, DOMINICK
800 1ST AVENUE
NEW SMYRNA BEACH, FL 32169**

7. Name and Address of New Registered Agent
Name **JEANNE DEPEW**
Street Address (P.O. Box Number is Not Acceptable)
119 SAN REMO DRIVE
City **EDGEWATER** FL Zip Code **32141**

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]*
Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

4-25-06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAPUTO, DOMINICK	
STREET ADDRESS	800 1ST AVENUE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COLE-CAPUTO, NANCY	
STREET ADDRESS	800 1ST AVENUE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANCINI, ALFRED A	
STREET ADDRESS	800 1ST AVENUE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosemary Cooper	
STREET ADDRESS	201 San Remo Circle	
CITY-ST-ZIP	Edgewater, FL 32141	
TITLE	V-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deanne Depew	
STREET ADDRESS	119 San Remo Drive	
CITY-ST-ZIP	Edgewater, FL 32141	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jocelyn Larochelle	
STREET ADDRESS	102 San Remo Drive	
CITY-ST-ZIP	Edgewater, FL 32141	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carole Carter	
STREET ADDRESS	122 San Remo Drive	
CITY-ST-ZIP	Edgewater, FL 32141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

66012973
#NO2000005868

A personal note...

4-26-06

Dear Michelle -

Enclosed is the corrected & signed report, as requested. I do hope it is acceptable.

Thank you so very much for your assistance, & patience. We appreciate your understanding our situation. New officers elected April 25th.

Most Sincerely,

Pharmay Cooper

(386) 427-7022