


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N02000005868 1. Entity Name SAN REMO OF EDGEWATER HOMEOWNERS' ASSOCIATION, INC. |  |
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|---|---|
| Principal Place of Business POB 1205 EDGEWATER, FL 32132 | Mailing Address POB 1205 EDGEWATER, FL 32132 |
|---|---|

DO NOT WRITE IN THIS SPACE



01252007 No Chg-NP CR2E037 (4/06)


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|--|---------------------------------------|
| 4. FEI Number 11-3680121 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**DEPEW, JEANNE
 119 SAN REMO DR
 EDGEWATER, FL 32141**

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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:  DATE: 1-28-07

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

| | |
|--------------------|--|
| TITLE P | COOPER, ROSEMARY 201 SAN REMO CIR EDGEWATER, FL 32141 |
| TITLE VP | DEPEW, DEANNE 119 SAN REMO DR EDGEWATER, FL 32141 |
| TITLE T | LAROCHELLE, JOCELYN 102 SAN REMO DR EDGEWATER, FL 32141 |
| TITLE S | CARTER, CAROLE 122 SAN REMO DR EDGEWATER, FL 32141 |
| TITLE | |
| TITLE | |

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U00000614344
 02/06/07-80022-024 70.00

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:  DATE: 1-28-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #