

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90090 023 ****61.25

DOCUMENT # N02000007526					
1. Entity Name SAN:REMO AT PALMIRA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1044 CASTELLO DRIVE SUITE 206 NAPLES, FL 34103			Mailing Address C/O SOUTHWEST PROPERTY MGMT. 1044 CASTELLO DRIVE, #206 NAPLES, FL 34103 US		
2. Principal Place of Business - No P.O. Box # Gulf Breeze Mnt. Svcs. of 8910 Terrene Court SW FL, LLC Suite, Apt. #, etc. Suite 200		3. Mailing Address Gulf Breeze Mnt. Svcs. of SW FL, LLC 8910 Terrene Court Suite, Apt. #, etc. Suite 200			
City & State Bonita Springs, FL		City & State Bonita Springs, FL		4. FEI Number 22-3876697	
Zip 34135		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DRIVE, #206 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name: Weidner, Ralph L. Gulf Breeze Management Services of SW FL, LLC Street Address (P.O. Box Number is Not Acceptable) 8910 Terrene Court Suite 200 City: Bonita Springs FL Zip Code: 34135		
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 <i>Ralph Weidner</i> Signature, typed or printed name of registered agent and title if applicable.		Weidner, Ralph L.		2/8/07 DATE	
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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP NAME DARNELL, JENNIFER STREET ADDRESS 28677 ALESSANDRIA CIRCLE CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete		TITLE 2ND VP/D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME GALLO, FRANK STREET ADDRESS 14727 FERARRA CT CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete		TITLE 1ST VP/D NAME Conant, Martin STREET ADDRESS 14690 Ferrara Court CITY-ST-ZIP Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME BURKEY, KIM STREET ADDRESS 14710 DONATELLO CT CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete		TITLE T/D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME JACOBSON, MARGARET STREET ADDRESS 14850 DONATELLO COURT CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete		TITLE P/D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME CAPERTON, DOUG STREET ADDRESS 29092 ALLESANDRIA CIRCLE CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete		TITLE S/D NAME Kelsky, Steven STREET ADDRESS 14805 Donatello Court CITY-ST-ZIP Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" 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: <i>Margaret Jacobson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-8-07 Date		239-495-0696 Daytime Phone # vb