

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90025 033 ****61.25

DOCUMENT # N02000007526 1. Entity Name SAN REMO AT PALMIRA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O GULF BREEZE MNGT.SERVICES OF SW FL,LLC 8910 TERRENE COURT, SUITE 200 BONITA SPRINGS, FL 34135			Mailing Address C/O GULF BREEZE MNGT.SERVICES OF SW FL,LLC 8910 TERRENE COURT, SUITE 200 BONITA SPRINGS, FL 34135		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 22-3876697	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEIDNER, RALPH L K GULF BREEZE MANAGEMENT SERVICES OF SW FL 8910 TERRENE COURT, SUITE 200 BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name Weidner, Ralph L. (NO K) Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	2VPD	<input checked="" type="checkbox"/> Delete	TITLE	2nd V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DARNELL, JENNIFER		NAME	Vetrano, Karen	
STREET ADDRESS	28677 ALESSANDRIA CIRCLE		STREET ADDRESS	14740 Donatello Court	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	1VPD	<input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONANT, MARTIN		NAME		
STREET ADDRESS	14690 FERRARA CT.		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURKEY, KIM		NAME		
STREET ADDRESS	14710 DONATELLO CT		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	1st V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JACOBSON, MARGARET		NAME	Clark, Bruce	
STREET ADDRESS	14850 DONATELLO COURT		STREET ADDRESS	14870 Donatello Court	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KELSKY, STEVEN		NAME	Ziegler, Marianne	
STREET ADDRESS	14805 DONATELLO CT.		STREET ADDRESS	14644 Escalante Way	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 filer empowered.					
SIGNATURE:			Martin Conant		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3-12-08		
			(239) 947-5967		
			Daytime Phone # vb		