

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90367 049 ****61.25

DOCUMENT # N05000002927					
1. Entity Name VILLA SAN REMO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 11981 SW 144TH COURT SUITE 201 MIAMI, FL 33186			Mailing Address 11981 SW 144TH COURT SUITE 201 MIAMI, FL 33186		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02012006 Chg-NP CR2E037 (11/05)	
4. FEI Number 20-2546208				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAHN-DRODY, LANI 80 SW 8TH STREET SUITE 1870 MIAMI, FL 33130			7. Name and Address of New Registered Agent Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 PD	NAME KAHN-DRODY, LANI	<input checked="" type="checkbox"/> Delete	TITLE JANEY MELINA PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 80 SW 8TH STREET SUITE 1870	CITY-ST-ZIP MIAMI, FL 33130		STREET ADDRESS 1515 SAN REMO AVE # E6	CITY-ST-ZIP CORAL GABLES, FL 33146	
TITLE VD	NAME SERRATS, SUSAN	<input checked="" type="checkbox"/> Delete	TITLE TCHAI MARIE ANDERSON TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 80 SW 8TH STREET SUITE 1870	CITY-ST-ZIP MIAMI, FL 33130		STREET ADDRESS 1515 SAN REMO AVE # E3	CITY-ST-ZIP 	
TITLE STD	NAME KOVIN, JOEL	<input checked="" type="checkbox"/> Delete	TITLE SD JO HOFFMAN	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 80 SW 8TH STREET SUITE 1870	CITY-ST-ZIP MIAMI, FL 33130		STREET ADDRESS 13070 NW 8CT	CITY-ST-ZIP SUNRISE, FL 33325	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					