


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90116 009 \*\*\*\*66.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N11829**  
 1. Corporation Name  
**SAN REMO GOLF & TENNIS CLUB CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 301 CLUB CIRCLE SUITE 100 BOCA RATON FL 33487	Mailing Address 301 CLUB CIRCLE SUITE 100 BOCA RATON FL 33487
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/31/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2689798
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent BECCIA, JACQUILINE B 301 CLUB CIR SUITE 100 BOCA RATON FL 33487	10. Name and Address of New Registered Agent 81 Name <b>R. LYNN LOVEJOY</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>621 NW 53<sup>RD</sup> ST SUITE #240</b> 83 84 City <b>BOCA RATON</b> FL 85 Zip Code <b>33487</b>
---	---

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *R. Lynn Lovejoy* DATE: **4-9-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME PANTANO, PHILLIP A STREET ADDRESS 5150 E CLUB AIR, #106 CITY-ST-ZIP BOCA RATON FL 33487	<input type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME LIVINGSTON, WILMA 1.3 STREET ADDRESS 5300 E. CLUB CIRCLE #103 1.4 CITY-ST-ZIP BOCA RATON, FL. 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME BARETTA, SONTA STREET ADDRESS 301 CLUB CIRCLE, #210 CITY-ST-ZIP BOCA RATON FL 33487	<input type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME VERDEROSA, JOHN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME LIVINGSTON, WILMA STREET ADDRESS 5200 E. CLUB CIRCLE, #103 CITY-ST-ZIP BOCA RATON FL 33487	<input type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME PANTANO, JOHN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BAVARO, VIRGIL STREET ADDRESS 5201 W. CLUB CIRCLE, #103 CITY-ST-ZIP BOCA RATON FL 33487	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME PANTANO, PHILIP STREET ADDRESS 5150 E. CLUB CIRCLE, #106 CITY-ST-ZIP BOCA RATON FL 33487	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME RUDERMAN, GARY STREET ADDRESS 350 CLUB CIR, #200 CITY-ST-ZIP BOCA RATON FL 33487	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X w.c. [Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE: **4-9-99**  
 DAYTIME PHONE #: **561-241-8161**

CR2E037 (11/98)