

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11829

1. Entity Name

SAN REMO GOLF & TENNIS CLUB CONDOMINIUM ASSOCIAT

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90041 002 ****61.25

Principal Place of Business

Mailing Address

301 CLUB CIRCLE
 SUITE 100
 BOCA RATON FL 33487

301 CLUB CIRCLE
 SUITE 100
 BOCA RATON FL 33487-3764

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2689798

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOVEJOY, LYNN R.
 621 NW 53RD ST
 SUITE #240
 BOCA RATON FL 33487

Name **PHILIP A. PANTANO**
 Street Address (P.O. Box Number is Not Acceptable)
5150 E. CLUB CIRCLE #106
 City **BOCA RATON** FL Zip Code **33487**

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.

SIGNATURE *Philip A. Pantano*

3-10-2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	BARETTA, SONTA	
STREET ADDRESS	301 CLUB CIRCLE, #210	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LIVINGSTON, WILMA	
STREET ADDRESS	5200 E. CLUB CIRCLE, #103	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAVARO, VIRGIL	
STREET ADDRESS	5201 W. CLUB CIRCLE, #103	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PANTANO, PHILIP	
STREET ADDRESS	5150 E. CLUB CIRCLE, #106	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RUDEMAN, GARY	
STREET ADDRESS	350 CLUB CIR, #200	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES. (P/D)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES S. SISTI	
STREET ADDRESS	301 CLUB CIRCLE #206	
CITY-ST-ZIP	BOCA RATON, FL. 33487	
TITLE	V.P. (V/D)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN SIMKO	
STREET ADDRESS	301 CLUB CIRCLE #204	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	TRES. (T/D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTA BARRETTA	
STREET ADDRESS	301 CLUB CIRCLE #210	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	SEC. (S/D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILMA LIVINGSTON	
STREET ADDRESS	5200 E. CLUB CIRCLE #103	
CITY-ST-ZIP	BOCA RATON, FL. 33487	
TITLE	SEC. (S/D)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNE-LISE GERCKE	
STREET ADDRESS	5201 W. CLUB CIRCLE #105	
CITY-ST-ZIP	BOCA RATON, FL. 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Philip A. Pantano* **SIGNATURE RESTORED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)