

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90151 018 \*\*\*\*61.25



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

Principal Place of Business: **C/O J&C PROPERTY MANAGEMENT  
10191 W SAMPLE ROAD, STE 203  
POMPANO BEACH FL 33065**  
Mailing Address: **C/O J&C PROPERTY MANAGEMENT  
10191 W SAMPLE ROAD, STE 203  
POMPANO BEACH FL 33065**



2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **59-2689798**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CALDERAZZO, JAMES  
C/O J & L PROPERTY MANAGEMENT  
10191 WEST SAMPLE ROAD  
CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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: \_\_\_\_\_  
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  
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PP LIVINGSTON, WILMA	<input type="checkbox"/> Delete
STREET ADDRESS	5200 E. CLUB CIRCLE, #103	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	JB SIMKO, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	301 CLUB CIR #204	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	TD BARRETTA, SANTO	<input type="checkbox"/> Delete
STREET ADDRESS	301 CLUB CIR #210	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	SD GERCKE, ANNE-LISE	<input type="checkbox"/> Delete
STREET ADDRESS	5201 W. CLUB CIR #105	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	Judy Soolotis	<input type="checkbox"/> Delete
STREET ADDRESS	300 E. Club Cir	
CITY-ST-ZIP	Boca Raton FL 33487	
TITLE	D John Aske	<input type="checkbox"/> Delete
STREET ADDRESS	5151 E. Club Circle	
CITY-ST-ZIP	Boca Raton FL 33487	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemptions contained in Section 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:** \_\_\_\_\_