


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90107 025 \*\*\*\*61.25

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # N11829</b>  |         |    |         |
| 1. Entity Name<br><b>SAN REMO GOLF &amp; TENNIS CLUB CONDOMINIUM ASSOCIATION, INC.</b>  |         |   |         |
| Principal Place of Business<br>C/O J&C PROPERTY MANAGEMENT<br>10191 W SAMPLE ROAD, STE 203<br>POMPANO BEACH FL 33065  |         | Mailing Address<br>C/O J&C PROPERTY MANAGEMENT<br>10191 W SAMPLE ROAD, STE 203<br>POMPANO BEACH FL 33065                                |         |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.   |         | 3. Mailing Address<br>Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |
| 6. Name and Address of Current Registered Agent<br><b>CALDERAZZO, JAMES<br/>C/O J &amp; L PROPERTY MANAGEMENT<br/>10191 WEST SAMPLE ROAD<br/>CORAL SPRINGS FL 33065</b>   |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____   |         | DATE _____  |         |
| <small>Signature, typed or printed name of registered agent and title if applicable</small>   |         | <small>(NOTE: Registered Agent signature required when re-registering)</small>  |         |



1st MOORE CR2E037 (10/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2689798</b> | Applied For<br><input type="checkbox"/>    |
|                                    | Not Applicable<br><input type="checkbox"/> |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |                                    |  |
|--|--|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |   |  |
|--|---|--|--|---|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | VP<br>LIVINGSTON, WILMA<br>5200 E. CLUB CIRCLE, #103<br>BOCA RATON FL 33487 | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | P<br>SIMKO, JOHN<br>301 CLUB CIR #204<br>BOCA RATON FL 33487                | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | TD<br>BARRETTA, SANTO<br>301 CLUB CIR #210<br>BOCA RATON FL 33487           | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | SD<br>GERCKE, ANNE-LISE<br>5201 W. CLUB CIR #105<br>BOCA RATON FL 33487     | <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | S<br>SOUHOTIS, JUDY<br>300 E CLUB CIRCLE<br>BOCA RATON FL 33487             | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | D<br>ASKE, JHN<br>5151 E CLUB CIRCL E<br>BOCA RATON FL 33487                | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |

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:**  **1/31/07 561-241-861**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #