## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N11829

FILED Jaņ 16, 2<u>00</u>9 Secretary of State

Entity Name: SAN REMO GOLF & TENNIS CLUB CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

C/O J&C PROPERTY MANAGEMENT 10191 W SAMPLE ROAD, STE 203 POMPANO BEACH, FL 33065

C/O J&L PROPERTY MANAGEMENT 10191 W SAMPLE ROAD, STE 203 CORAL SPRINGS, FL 33065

**Current Mailing Address:** 

New Mailing Address:

C/O J&C PROPERTY MANAGEMENT 10191 W SAMPLE ROAD, STE 203 POMPANO BEACH, FL 33065

C/O J&L PROPERTY MANAGEMENT 10191 W SAMPLE ROAD, STE 203 CORAL SPRINGS, FL 33065

FEI Number: 59-2689798

FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CALDERAZZO, JAMES C/O J & L PROPERTY MANAGEMENT 10191 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065 US

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.

Name:

Name:

Address:

City-St-Zip:

SIGNATURE:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

LIVINGSTON, WILMA

(X) Change ( ) Addition

() Change () Addition

() Delete LIVINGSTON, WILMA Name: 5200 E. CLUB CIRCLE, #103 Address: City-St-Zip:

Address: 5200 E. CLUB CIRCLE #103 BOCA RATON, FL 33487 City-St-Zip: BOCA RATON, FL 33487 Title:

Title: () Delete SIMKO, JOHN Name: Address: 301 CLUB CIR #204 City-St-Zip: BOCA RATON, FL 33487

Title: () Delete Title: () Change () Addition

SCHROLL, FRANK Name: Name: 350 CLUB CIRCLE #201 Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition

Name: GUALITIERA, MARY Name: GUALITIERI, MARYLOU 350 CLUB CIRCLE #101 Address: 350 CLUB CIRCLE #101 Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES CALDERAZZO RΑ 01/16/2009