

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13326

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: SAN REMO HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O LAKEVIEW MGMT., INC.  
13388 SW 128 ST  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LAKEVIEW MGMT., INC.  
13388 SW 128 ST  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 59-2588916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOODMAN-GUENTHER, JOYCE  
10723 SW 104 ST  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOPEZ, DANIEL  
Address: 2705 SAN REMO CIRCLE  
City-St-Zip: HOMESTEAD, FL 33035

Title: VPD ( ) Delete  
Name: TANG, SHARON  
Address: 1100 SW 12 AVE  
City-St-Zip: HOMESTEAD, FL 33035

Title: D ( ) Delete  
Name: ROMAN, JOSE  
Address: 3311 SAN REMO CIRCLE  
City-St-Zip: HOMESTEAD, FL 33035

Title: D ( ) Delete  
Name: RUSSO, ALFRED  
Address: 3311 SAN REMO CIR  
City-St-Zip: HOMESTEAD, FL 33035

Title: D (X) Delete  
Name: FRANCO, CARLOS  
Address: 1103 SAN REMO CIR  
City-St-Zip: HOMESTEAD, FL 33035

Title: T (X) Delete  
Name: SMITH, GERALD  
Address: 2812 SAN REMO CIRCLE  
City-St-Zip: HOMESTEAD, FL 33035

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: SMITH, GERALD  
Address: 2812 SAN REMO CIRCLE  
City-St-Zip: HOMESTEAD, FL 33035

Title: S (X) Change ( ) Addition  
Name: TAYLOR, WAYNE  
Address: 2901 SAN REMO CIR  
City-St-Zip: HOMESTEAD, FL 33035

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DANIEL LOPEZ

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date