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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17835 (2)
1. Corporation Name
VILLA SAN REMO HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 951 BROKEN SOUND PARKWAY STE. #250 BOCA RATON FL 33487
Mailing Address: 951 BROKEN SOUND PARKWAY STE. #250 BOCA RATON FL 33487-3513

3. Date Incorporated or Qualified: 11/19/1986
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0023929
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
COMMUNITY ASSOCIATION SERVICES
951 BROKEN SOUND PARKWAY
STE. #250
BOCA RATON FL 33487

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: Joel Messenger
DATE: 4/25/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SCARDINA, ANGELO	1.1 TITLE	PD RAMZI AKEL
NAME	SCARDINA, ANGELO	1.2 NAME	RAMZI AKEL
STREET ADDRESS	8729 VIA GUILIA	1.3 STREET ADDRESS	8273 Via Di Veneto
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	STD SCARDINA, CHARLES	2.1 TITLE	VSD CHARLES SCARDINA
NAME	SCARDINA, CHARLES	2.2 NAME	CHARLES SCARDINA
STREET ADDRESS	8729 VIA GUILIA	2.3 STREET ADDRESS	8273 Via Di Veneto
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	VD AKEL, RAMZI	3.1 TITLE	TD ANGELO SCARDINA
NAME	AKEL, RAMZI	3.2 NAME	ANGELO SCARDINA
STREET ADDRESS	8729 VIA GUILIA	3.3 STREET ADDRESS	8273 VIA DI VENETO
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE		4.1 TITLE	D RUTH JACK
NAME		4.2 NAME	RUTH JACK
STREET ADDRESS		4.3 STREET ADDRESS	12620-1 Tiboli Chase Ct
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOCA RATON, FL
TITLE		5.1 TITLE	D SCHNEIDER, JACK
NAME		5.2 NAME	SCHNEIDER, JACK
STREET ADDRESS		5.3 STREET ADDRESS	8608 Via Guilia
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BOCA RATON, FL
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CP2E037 (9/96)

4/25/97