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Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/19/1986	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 65-0023929	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD AKEL, RAMZI	1.1 TITLE	P/D AKEL, RAMZI
NAME	AKEL, RAMZI	1.2 NAME	AKEL, RAMZI
STREET ADDRESS	8273 VIA DI VENETO	1.3 STREET ADDRESS	3333 S. CONGRESS AVE., SUITE 403-13
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	VSD SCARDINA, CHARLES	2.1 TITLE	VSD SCARDINA, CHARLES
NAME	SCARDINA, CHARLES	2.2 NAME	SCARDINA, CHARLES
STREET ADDRESS	8729 VIA GUILIA	2.3 STREET ADDRESS	3333 S. CONGRESS AVE., SUITE 403-B
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	TD SCARDINA, ANGELO	3.1 TITLE	TD SCARDINA, ANGELO
NAME	SCARDINA, ANGELO	3.2 NAME	SCARDINA, ANGELO
STREET ADDRESS	8273 VIA DI VENETO	3.3 STREET ADDRESS	3333 S. CONGRESS AVE., SUITE 403-B
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	D RUTT, JACK	4.1 TITLE	D BORDEN, SHERWIN
NAME	RUTT, JACK	4.2 NAME	BORDEN, SHERWIN
STREET ADDRESS	12620-1 TIBOLI CHASE CT	4.3 STREET ADDRESS	5676 VIA RIALTO, #11
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	D SCHNEIDER, JACK	5.1 TITLE	8608 VIA GUILIA
NAME	SCHNEIDER, JACK	5.2 NAME	BOCA RATON, FL 33496
STREET ADDRESS	8608 VIA GUILIA	5.3 STREET ADDRESS	JACK SCHNEIDER
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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	
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SIGNATURE: *Jack Schneider* **4/13/98 561-994-1988**

CR2E037 (10/97)