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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N17835

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

11/19/1986

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME AKEL, RAMZI  
STREET ADDRESS 3333 S. CONGRESS AVE, SUITE 403-B  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE VSD  
NAME SCARDINA, CHARLES  
STREET ADDRESS 3333 S. CONGRESS AVE, SUITE 403-B  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE TD  
NAME SCARDINA, ANGELO  
STREET ADDRESS 3333 S. CONGRESS AVE., SUITE 403-B  
CITY-ST-ZIP DELRAY BEACH FL 33445

TITLE D  
NAME BORDEN, SHERWIN  
STREET ADDRESS 8676 VIA REALE, #1  
CITY-ST-ZIP BOCA RATON FL 33496

TITLE D  
NAME SCHNEIDER, JACK  
STREET ADDRESS 8608 VIA GUILIA  
CITY-ST-ZIP BOCA RATON FL 33496

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME PUSANIK, LUKE  
1.3 STREET ADDRESS 8291 VIA BELLA  
1.4 CITY-ST-ZIP BOCA RATON, FL 33496

2.1 TITLE VPS  
2.2 NAME EVANS, MARTIN  
2.3 STREET ADDRESS 8295 VIA BELLA  
2.4 CITY-ST-ZIP BOCA RATON, FL 33496

3.1 TITLE TD  
3.2 NAME APDSTOL, JOHN  
3.3 STREET ADDRESS 8550 VIA ROMANA, #2  
3.4 CITY-ST-ZIP BOCA RATON, FL 33496

4.1 TITLE SD  
4.2 NAME CANGIALDI, LAURA  
4.3 STREET ADDRESS 8460 VIA ROMANA, #1  
4.4 CITY-ST-ZIP BOCA RATON, FL 33496

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/25/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)