


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90458 036 ****61.25

DOCUMENT # N17835					
1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ST. JOHN, CORE FIORE & LEMME, P.A. 500 AUSTRALIAN AVE., SOUTH, STE 600 WEST PALM BEACH, FL 33401				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARCIA, RAYSA		NAME		
STREET ADDRESS	8723 VIA GIULIA		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEBOLD, FRANK		NAME		
STREET ADDRESS	8602 VIA GIULIA		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARKE, WILLIAM		NAME		
STREET ADDRESS	18421 VIA DISORRENTO		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEDNICK, MELVIN		NAME		
STREET ADDRESS	8658 VIA REALE #3		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FILKINS, ROBERT		NAME		
STREET ADDRESS	8208 VIA DI VENETO		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Rayssa Garcia</i>			Date: <i>4/30/04</i>		Daytime Phone #: <i>561-883-2455</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					