


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90031 020 \*\*\*\*61.25

DOCUMENT # **N17835**  
1. Entity Name  
**YILLA SAN REMO HOA INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**CAS. Inc. / 951 Broken Sound Pkwy**  
Suite, Apt. #, etc.  
**250**

3. Mailing Address  
**951 Broken Sound Pkwy**  
Suite, Apt. #, etc.  
**250**

City & State  
**BOCA RATON, FL**

City & State  
**BOCA RATON, FL**

Zip  
**33487**

Country  
**USA**

Zip  
**33487**

Country  
**USA**

**40044881**  
DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0023929**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**COMMUNITY ASSOCIATION SERVICES, INC**

Street Address (P.O. Box Number is Not Acceptable)  
**951 BROKEN SOUND PARKWAY**

SUITE 250

City  
**BOCA RATON**

FL

Zip Code  
**33487**

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

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT/DIRECTOR FRIEND, OTTO 18398 VIA DI SORRENTO BOCA RATON, FL 33496</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D MEDNICK, MELVIN 8658 VIA REALE #3 BOCA RATON, FL 33496</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/D BEBOLD, FRANK 8602 VIA GIULIA BOCA RATON, FL 33496</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D FISHMAN, ALAN 18404 VIA DI SORRENTO BOCA RATON, FL 33496</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D FILKINS, ROBERT 8208 VIA DI VENETO BOCA RATON, FL 33496</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Otto Freund President 3/26/07 561-944-1788**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)