

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17835

FILED
Mar 31, 2009
Secretary of State

Entity Name: VILLA SAN REMO HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3901 N. FEDERAL HWY.
#202
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

3901 N. FEDERAL HWY.
#202
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0023929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. JOHN, CORE & LEMME, PA
1601 FORUM PLACE #701
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FREUND, OTTO
Address: 18398 VIA DI SORRENTO
City-St-Zip: BOCA RATON, FL 33496

Title: VPD () Delete
Name: DEBOLD, FRANK
Address: 8602 VIA GIULIA
City-St-Zip: BOCA RATON, FL 33496

Title: VPD () Delete
Name: MEDNICK, MELVIN
Address: 8658 VIA REALE #3
City-St-Zip: BOCA RATON, FL 33496

Title: SD () Delete
Name: GORDON, MARILYN
Address: 9875 ERICA COURT
City-St-Zip: BOCA RATON, FL 33496

Title: TD () Delete
Name: FISHMAN, ALAN
Address: 18404 VIA DI SORRENTO
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: DEBOLD, FRANK
Address: 8602 VIA GIULIA
City-St-Zip: BOCA RATON, FL 33496

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: AVEDISIAN, LINDA
Address: 8250 VIA DI VENETO
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OTTO FREUND

PR

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date