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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

N26465

(7)

VIEL	Δ	SAN	REMO	CONDOMINIUM I	MOLTALOOPPA	INC
AILL	^	OWIA	NEW		ASSOCIATION.	INU.

Principal Place	of Business	Mailing Address			OID OF SIL CION BION SION DISK OLICH
951 BROKEN STE - 250 BOCA RATO	I SOUND PKWY N FL 33487	951 Broken Sound Pl STE - 250 Boca Raton Fl 33487			
US		US		3. Date Incorporated or Qualified 05/17/1988	3a. Date of Last Report 04/28/1995
, , , , , , , , , , , , , , , , , , , ,	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		65-0399835	Not Applicable
22	,, 0.0.	27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Bo
23		28		Trust Fund Contribution	Added to Fees
Ζiρ 24	Country 25	Zip 29	Country 30	This corporation has liability for in:	
	9. Name and Address of Curre		30	Florida Statutes 10. Name and Address of New Re	Yes No
			81 Name		
COMMU	NITY ASSOCIATION SERRICES	INC	62 Street A	Address (P.O. Box Number is Not Acceptable	
951 BR0	DKEN SOUND PKWY			ndures (1.0. Box Number is Not Acceptable	'
STE - 2			83		
BOCA R	ATON FL 33487		84 City		85 Zip Code
11 Purcuent t	o the provisions of Sections 617 0500	and 617 1509. Florida Ptobutos	the above account as		FL
or registers	ed agent, or both, in the State of Fion	ua. Such change was authorized	s, the above-hamed cold by the corporation's t	rporation submits this statement for the purpo board of directors. I hereby accept the appoin	ose of changing its registered office in introduction that the second second in the second of the se
tarnıllar wit	h, and accept the obligations of, Sec	tion 617.0503, Florida Statutes.		· ·	
SIGNATURE _	Signature, by Add in printed name of registered agen	rand title flappilitable (NOTE	Registered Agent signature re-	guired when reinstating)	L / 96
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
THILE	PD	DELETE	1.1 THLE	D/T -	Change K Addition
NAME	SCARDINA, ANGELO	,	1.2 NAME	Stanley Soun	<i>/</i> ,
STREET ADORESS	8801 TWIN LAKE DR.		1.3 STREET ADDRESS	Stanley Sound 8670-1 WILL R 8670-1 WILL R DIS BOLG R-ton Shirley Van Hott 951 Broken Sound	ede = 20091
CITY - ST - ZIF	BOCA RATON FL	DELETE	1.4 CITY - ST - ZIP	DIS BOLGRATON	F 331/C
NAME	TD AKEL RAMZI	DUELETE	2 1 TITLE	Sturley Van Hoff	Change Addition
STREET ADDRESS	7824 VIA REALE		2 2 NAME 2 3 STREET ADDRESS	951 Broken Souna	Pkuy
CITY-ST-ZIF	BOCA RATON FL		2 4 CITY-ST-ZIP	Mac. A to El	37187
TITLE	D	DELETE	3 1 TITLE	Boca Paton Fl DIPShermin Baldn 951 Broken Sound Boca Raton fl	Change Addition
NAME	BORDER, SHERWIN	_	3.2 NAME	DIF Sherwin Balda	Phu T
STREET ADDRESS	8676 VIA REALE #STE - 1		3.3 STREET ADDRESS	951 Broken Sound	7207
CITY - ST - ZIF	BOCA RATON FL 33496		3.4. CITY-ST-7IP	Boca R-ton +1 =	33484
TITLE		DELETE	4 1 TITLE	•	Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		
NAME		Detreit	5 2 NAME		Change Addition
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIF			5 4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		_ ,
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CHTY - ST - ZIP		
certity that	the information indicated on this anni	Jal renort or supplemental annua	al remort is true and acc	ify for the exemption stated in Section 119.07 curate and that my signature shall have the sa	ana logal affact on it made under
oatn; tnat i	am an officer or director of the corpo Block 12 or Block 13 if changed, or i	oration or the receiver or trustee :	empowered to execute	e this report as required by Chapter 617, Flori	da Statutes; and that my name

SIGNATURE: Stantine and OPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Daytime Prione #