


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90717 015 ****61.25

DOCUMENT # N26465
 1. Entity Name
VILLA SAN REMO CONDOMINIUM I ASSOCIATION, INC.



Principal Place of Business
951 BROKEN SOUND PKWY
STE - 250
BOCA RATON, FL 33487 US

Mailing Address
951 BROKEN SOUND PKWY
STE - 250
BOCA RATON, FL 33487 US

34079736

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



04232004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0399835

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
~~ST. JOHN, CORE, FIORE & LEMME, P.A.~~
~~500 AUSTRALIAN AVE., SOUTH, STE 600~~
~~WEST PALM BEACH, FL 33401~~

7. Name and Address of New Registered Agent
 Name Community Association Serv.
 Street Address (P.O. Box Number is Not Acceptable)
951 Broken Sound Pkwy #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 Joel Messenger DATE 4/27/04
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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 | PD | <input type="checkbox"/> Delete |
| NAME | LEWIS, HOWARD P | |
| STREET ADDRESS | 8640 VIA REAGLE 31 | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | DOLRYMPLE, DONALD | |
| STREET ADDRESS | 8634 VIA REALE #3 | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | MCCARTHY, JANET | |
| STREET ADDRESS | 8646 VIA REALE #1 | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | WEISS, IRWIN J | |
| STREET ADDRESS | 8653 VIA REALE #1 | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Stanly Seval | |
| STREET ADDRESS | D | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Howard P Lewis Date 7-27-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #