


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90966 045 ****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

40076006



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

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

03242005 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

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
COMMUNITY ASSOCIATION SERVICE
951 BROKEN SOUND PKWY #250
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
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, 2005

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 VPD	<input type="checkbox"/> Delete
NAME LEWIS, HOWARD P	
STREET ADDRESS 8640 VIA REAGLE 31	
CITY-ST-ZIP BOCA RATON, FL 33496	
TITLE VPD	<input checked="" 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 STRES - SEVAL, STANLY	<input type="checkbox"/> Delete
NAME SEVAL, STANLY	
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 Melvin Mednick	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 8658 Via Reale #3	Pres.
STREET ADDRESS Boca Raton, FL 33496	
CITY-ST-ZIP	
TITLE Barbara McCarthy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 8659 Via Reale #3	2nd VP
STREET ADDRESS Boca Raton, FL 33496	
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: 4-5-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #