

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35559** (6)
1. Corporation Name
SAN REMO VACATIONS CLUB, INC.



Principal Place of Business % PETER DE JONG 472 FIRST ST. W. TIERRA VERDE FL 33715-1707		Mailing Address 670 JACQUES-DE-BRUIN 472 1ST W TIERRA VERDE FL 33715-1701 US		3. Date Incorporated or Qualified 12/08/1989	
2. Principal Place of Business 21		2a. Mailing Address 26 L.O.F.F.I.H		4. FEI Number 59-3077203	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 472 1ST STR W.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28 TIERRA VERDE		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Zip 25 33715		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country 25		Country 29 FL		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SWISHER, JOHN 669 FIRST AVE N ST. PETERSBURG FL 33701		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDTS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE BRUIN	1.2 NAME	
STREET ADDRESS	472 FIRST ST. W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILL, PAY	2.2 NAME	
STREET ADDRESS	472 1ST ST W	2.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIO, BOOM	3.2 NAME	
STREET ADDRESS	472 1ST ST W	3.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	3.4 CITY-ST-ZIP	
TITLE	DVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE BRUIN, JOEP	4.2 NAME	
STREET ADDRESS	472 1ST ST W	4.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE REQUIRED

[Signature] 4/29/98

CP2E037 (10/97)