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Secretary of State

09-17-1999 90004 047 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35559

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 L.O.F.F.I.H. 472 1ST ST W TIERRA VERDE FL 33715 US
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* 6 1 6 5 9 6 - 9 0 0 0 4 - 4 7 6 *
 616596-90004-476



2. Principal Place of Business 21 18320 Gulf Blvd Suite, Apt. #, etc. 22 Office City & State 23 Redington Shores, FL Zip Country 24 33708 USA	2a. Mailing Address 26 18320 Gulf Blvd. Suite, Apt. #, etc. 27 Office City & State 28 Redington Shores, FL Zip Country 29 33708 USA
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3. Date Incorporated or Qualified 12/08/1989	4. FEI Number 59-3077203	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

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	FL
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

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEONARD, JOHN	
STREET ADDRESS	669 1ST AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOON, MARIO	
STREET ADDRESS	669 1ST AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHLIEMAN, DAISY	
STREET ADDRESS	669 1ST AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TANBURO, TONI	
STREET ADDRESS	669 1ST AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	R. Antonio Suescum		
1.3 STREET ADDRESS	669 1st Ave North		
1.4 CITY-ST-ZIP	St. Petersburg, FL 33701		
2.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Barry Smith		
2.3 STREET ADDRESS	669 1st Ave North		
2.4 CITY-ST-ZIP	St. Petersburg, FL 33701		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE: R. Antonio Suescum 9/12/99 (727) 320-9306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)