

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N35615** (6)
1. Corporation Name
SAN REMO ASSOCIATION, INC.



Principal Place of Business: **1819 MAIN ST #610 C/O NORTON, GURLEY & HAMMERSLEY PA SARASOTA FL 34236**
Mailing Address: **1819 MAIN ST #610 C/O NORTON, GURLEY & HAMMERSLEY PA SARASOTA FL 34236**

3. Date Incorporated or Qualified: **12/12/1989**
3a. Date of Last Report: **03/09/1995**
4. FEI Number: **65-0177157**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **25**
Suite, Apt. #, etc.: **22**
City & State: **27**
City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **SAM NORTON 1819 MAIN ST #610 SARASOTA FL 34236**
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 transferring) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE: VD <input checked="" type="checkbox"/> DELETE	NAME: BURCHAM, GRAHAM	1.1 TITLE: VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Kunz, Jack
STREET ADDRESS: 3710 TANGLER TERRACE	CITY-ST-ZIP: SARASOTA FL	1.2 NAME: _____	1.3 STREET ADDRESS: 3656 San Remo Terrace
TITLE: TD <input checked="" type="checkbox"/> DELETE	NAME: KUNZ, KAREN	1.4 CITY-ST-ZIP: Sarasota FL	2.1 TITLE: TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3656 SAN REMO TERRACE	CITY-ST-ZIP: SARASOTA FL	2.2 NAME: Campbell, Audrey	2.3 STREET ADDRESS: 3631 San Remo Terrace
TITLE: SD <input type="checkbox"/> DELETE	NAME: COOLEY, CARLOTTA	2.4 CITY-ST-ZIP: Sarasota FL	3.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1363 TANGLER WAY	CITY-ST-ZIP: SARASOTA FL	3.2 NAME: _____	3.3 STREET ADDRESS: _____
TITLE: D <input type="checkbox"/> DELETE	NAME: ROSS, ANN	3.4 CITY-ST-ZIP: _____	4.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1513 TANGIER WAY	CITY-ST-ZIP: SARASOTA FL	4.2 NAME: _____	4.3 STREET ADDRESS: _____
TITLE: PD <input type="checkbox"/> DELETE	NAME: THOMAS, NEVIN	4.4 CITY-ST-ZIP: _____	5.1 TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3518 TANGIER TERR	CITY-ST-ZIP: SARASOTA FL	5.2 NAME: _____	5.3 STREET ADDRESS: _____
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: RICHARDS, ALAN	5.4 CITY-ST-ZIP: _____	6.1 TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3667 SAN REMO TERRACE	CITY-ST-ZIP: SARASOTA FL	6.2 NAME: Barr, James	6.3 STREET ADDRESS: 3820 San Remo Terrace
TITLE: _____	NAME: _____	6.4 CITY-ST-ZIP: _____	6.4 CITY-ST-ZIP: Sarasota FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Audrey A. Campbell, Treasurer* 3/18/96 94-362-4840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #
AUDREY A. CAMPBELL

CR2E037 (12/95)