

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

Mailing Address

1819 MAIN ST #610
C/O NORTON, GURLEY & HAMMERSLEY PA
SARASOTA FL 34236

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 <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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAM NORTON
1819 MAIN ST #610
SARASOTA FL 34236

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature typed or printed name of registered agent and state if acceptable

(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	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCHAM, GRAHAM	1.2 NAME	Kunz, Jack
STREET ADDRESS	3710 TAngLER TERRACE	1.3 STREET ADDRESS	3656 San Remo Terrace
CITY-STATE-ZIP	SARASOTA FL	1.4 CITY-STATE-ZIP	Sarasota FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNZ, KAREN	2.2 NAME	Campbell, Audrey
STREET ADDRESS	3656 SAN REMO TERRACE	2.3 STREET ADDRESS	3631 San Remo Terrace
CITY-STATE-ZIP	SARASOTA FL	2.4 CITY-STATE-ZIP	Sarasota FL
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOLEY, CARLOTTA	3.2 NAME	
STREET ADDRESS	1363 TAngLER WAY	3.3 STREET ADDRESS	
CITY-STATE-ZIP	SARASOTA FL	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, ANN	4.2 NAME	
STREET ADDRESS	1513 TAngIER WAY	4.3 STREET ADDRESS	
CITY-STATE-ZIP	SARASOTA FL	4.4 CITY-STATE-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, NEVIN	5.2 NAME	
STREET ADDRESS	3518 TAngIER TERR	5.3 STREET ADDRESS	
CITY-STATE-ZIP	SARASOTA FL	5.4 CITY-STATE-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, ALAN	6.2 NAME	Barr, James
STREET ADDRESS	3667 SAN REMO TERRACE	6.3 STREET ADDRESS	3620 San Remo Terrace
CITY-STATE-ZIP	SARASOTA FL	6.4 CITY-STATE-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
AUDREY A. CAMPBELL

3/18/96
Date

94-362-4840
Display Phone #

CR2E037 (12/95)