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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N35615					
1. Corporation Name SAN REMO ESTATE ASSOCIATION, INC.					
Principal Place of Business 3648 TANGIER TERRACE SARASOTA FL 34239 US			Mailing Address 3648 TANGIER TERRACE SARASOTA FL 34239 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/12/1989 4. FEI Number 65-0177157 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	
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9. Name and Address of Current Registered Agent % RODNEY WARNER 3648 TANGIER TERRACE SARASOTA FL 34239				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			
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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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	THOMAS, NEVIN	1.2 NAME	
STREET ADDRESS	3518 TANGIER TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	CAMPBELL, AUDREY	2.2 NAME	
STREET ADDRESS	3631 SAN REMO AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	COOLEY, CARLOTTA	3.2 NAME	
STREET ADDRESS	1363 TANGIER WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	ROSS, ANN	4.2 NAME	
STREET ADDRESS	1513 TANGIER WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	
NAME	SERIO, MARK	5.2 NAME	
STREET ADDRESS	3533 TANGIER TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	WARNER, VICTORIA	6.2 NAME	
STREET ADDRESS	3648 TANGIER TERR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	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:

Audrey A. Campbell **AUDREY A. CAMPBELL** 2/12/99 941-362-4840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)