

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90009 031 ****61.25

DOCUMENT # N35615

1. Entity Name

SAN REMO ESTATE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3648 TANGIER TERRACE
 SARASOTA FL 34239
 US**

**3648 TANGIER TERRACE
 SARASOTA FL 34239-5823
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0177157

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**% RODNEY WARNER
 3648 TANGIER TERRACE
 SARASOTA FL 34239**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Delete
 NAME **THOMAS, NEVIN**
 STREET ADDRESS **3518 TANGIER TERR.**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **CAMPBELL, AUDREY**
 STREET ADDRESS **3631 SAN REMO AVENUE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **COOLEY, CARLOTTA**
 STREET ADDRESS **1363 TANGIER WAY**
 CITY-ST-ZIP **SARASOTA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **NACE, PHILLIP**
 STREET ADDRESS **1392 TANGIER WAY**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **SERIO, MARK**
 STREET ADDRESS **3533 TANGIER TERR**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WARNER, VICTORIA**
 STREET ADDRESS **3648 TANGIER TERR.**
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **D** Change Addition
 NAME **WHITE, SHARON**
 STREET ADDRESS **3705 TANGIER TERR.**
 CITY-ST-ZIP **SARASOTA FL 34239**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Audrey A. Campbell, Treasurer* **AUDREY A. CAMPBELL** 1/24/00 941-362-4840
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)