


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90035 044 ****61.25

DOCUMENT # N35615					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. D			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0177157	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$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 D		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, NEVIN		NAME	NACE, PHILIP	
STREET ADDRESS	3518 TANGIER TERR.		STREET ADDRESS	1392 TANGIER WAY	
CITY-ST-ZIP	SARASOTA, FL 34239		CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, AUDREY		NAME	WARNER, RODNEY	
STREET ADDRESS	3631 SAN REMO AVENUE		STREET ADDRESS	3648 TANGIER TERR.	
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NACE, PHILLIP		NAME	MOERS, EDWIN	
STREET ADDRESS	1392 TANGIER WAY		STREET ADDRESS	3647 SAN REMO TERR.	
CITY-ST-ZIP	SARASOTA, FL 34239		CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORTER, JOAN		NAME	TOWSLEY, GREG	
STREET ADDRESS	1311 TANGIER WAY		STREET ADDRESS	1535 TANGIER WAY	
CITY-ST-ZIP	SARASOTA, FL 34239		CITY-ST-ZIP	SARASOTA, FL	
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CAMPBELL, AUDREY	
STREET ADDRESS			STREET ADDRESS	3631 SAN REMO TERR	
CITY-ST-ZIP			CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Audrey A. Campbell</i>		AUDREY A. CAMPBELL		2/12/04 944-362-4840	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	