


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N35615**  
 1. Entity Name  
**SAN REMO ESTATE ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**3648 TANGIER TERRACE**      **3648 TANGIER TERRACE**  
**SARASOTA, FL 34239 US**      **SARASOTA, FL 34239 US**

**DO NOT WRITE IN THIS SPACE**



02132006 No Chg-NP      CR2E037 (11/05)

4. FEI Number <b>65-0177157</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**% RODNEY WARNER**  
**3648 TANGIER TERRACE**  
**SARASOTA, FL 34239**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

100000445722  
 03/07/06-80061-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, NEVIN 3518 TANGIER TERR. SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAMPBELL, AUDREY 3631 SAN REMO TERR SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NACE, PHILLIP 1392 TANGIER WAY SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS-CARLTON, TERRI 3646 SAN RENO TERR SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARNER, RODNEY 3648 TANGIER TERR. SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANDLER, JAMES 3851 TANGIER TERR SARASOTA, FL 34239

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Deborah A. Campbell, Audrey A. Campbell      Date: 2/20/06      Daytime Phone #: 941-362-4840  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR