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Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47145 (0)
1. Corporation Name
VILLA SAN REMO, NEIGHBORHOOD A HOMEOWNERS ASSOCIATION INC.

Principal Place of Business: 9070 KIMBERLY BLVD SUITE 114 N 27 BOCA RATON FL 33434 US
Mailing Address: 9858 ERICA CT BOCA RATON FL 33496

2. Principal Place of Business: 9070 Kimberly Blvd, Suite 114 N 27, Boca Raton FL
2a. Mailing Address: 9858 Erica Ct, Boca Raton FL 33496
21-24: City, State, Zip, Country details.

3. Date Incorporated or Qualified: 02/03/1992
4. FEI Number: 65-0324762
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. No

9. Name and Address of Current Registered Agent: MYDLARZ, JACK, 9858 ERICA CT, BOCA RATON FL 33496

10. Name and Address of New Registered Agent: Paul Heemskerk, 9758 Erica Ct, Boca Raton FL 33496

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 officer 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: Paul Heemskerk (Current), Paul Heemskerk (New), DATE: 3-21-98

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MYDLARZ, JACK	
STREET ADDRESS	9858 ERICA CT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HEEMSKERK, PAUL	
STREET ADDRESS	9758 ERICA CT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SPINAZZE, JOHN	
STREET ADDRESS	9765 ERICA CT	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Treasurer (TD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Paul Heemskerk	
1.3 STREET ADDRESS	9758 ERICA CT	
1.4 CITY-ST-ZIP	BOCA RATON FL 33496	
2.1 TITLE	Secretary (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mia Simon	
2.3 STREET ADDRESS	9751 ERICA CT	
2.4 CITY-ST-ZIP	BOCA RATON FL 33496	
3.1 TITLE	President (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bella Simon	
3.3 STREET ADDRESS	9719 ERICA CT	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33496	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 as an attachment with an address.

SIGNATURE: Paul Heemskerk (Current), Paul Heemskerk (New), DATE: 3-9-98, 561 732 6896

CR2E037 (10/97)