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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001164

1. Corporation Name

VILLA SAN REMO CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business

% GREENLITE PROPERTY MGMT.
141 NW 20TH ST. STE F-2
BOCA RATON FL 33431

Mailing Address

% GREENLITE PROPERTY MGMT.
141 NW 20TH ST. STE F-2
BOCA RATON FL 33431



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/02/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0399835

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 Zip

25 Country

28 Zip

29 Country

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAPLAN, LOU
ST. JOHN, DICKER & CAPLAN
500 AUSTRALIAN AVE., SOUTH, STE. 600
WEST PALM BEACH FL 33401

81 Name

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

83

84 City

FL

85 Zip Code

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 PD DELETE

NAME RUTT, JACK
STREET ADDRESS 12620-1 TIBOLE CHASE CT
CITY-ST-ZIP BOCA RATON FL 33496

1.1 TITLE Change Addition

TITLE VST DELETE

NAME BLACHER, ROBERT
STREET ADDRESS 12583 REMO CT #2
CITY-ST-ZIP BOCA RATON FL 33496

2.1 TITLE Change Addition

TITLE TD DELETE

NAME APOSTOL, JOHN
STREET ADDRESS 8550 VIA ROMANO #2
CITY-ST-ZIP BOCA RATON FL 33496

2.2 NAME Christopher Konst
2.3 STREET ADDRESS 12613 Remo Court #2
2.4 CITY-ST-ZIP BOCA RATON FL 33496

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)