


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90035 030 ****61.25

DOCUMENT # N94000001164
 1. Entity Name
VILLA SAN REMO CONDOMINIUM II ASSOCIATION, INC.



Principal Place of Business
**C/O JACK RUTT
 12620 TIBOLI CHASE CT., #1
 BOCA RATON, FL 33431**

Mailing Address
**141 NW 20TH ST, STE F-2
 BOCA RATON, FL 33431**

50015821



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
**1750 University Dr
 Suite, Apt. #, etc. #205.**

01302005 Chg-NP CR2E037 (10/03)

City & State
Coral Springs FL

City & State
Coral Springs FL

Zip
33071

Country

4. FEI Number
65-0399835

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	
CAPLAN, LOU C/O SACH, SAX, AND KLEIN 201 YOMATO RD BOCA RATON, FL 33481-0037		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. 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, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUTT, JACK			NAME			
STREET ADDRESS	12620 TIBOLI CHASE CT., #1			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33496			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KETTELL, DAVID			NAME			
STREET ADDRESS	12620 TIBOLI CHASE CT., #2			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33496			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEWMAN, MARILYN			NAME			
STREET ADDRESS	8511 VIA ROMANA #1			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33496			CITY-ST-ZIP			
TITLE	2VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANKES, JABLON			NAME			
STREET ADDRESS	8511 VIA ROMANA #2			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33496			CITY-ST-ZIP			
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			
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: *Jack S. Rutt* **JACKS. RUTT, President** **1/31/05** **9543416340**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #