


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90010 024 ****61.25

DOCUMENT # N94000001164 1. Entity Name VILLA SAN REMO CONDOMINIUM II ASSOCIATION, INC.	
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Principal Place of Business C/O JACK RUTT 12620 TIBOLI CHASE CT., #1 BOCA RATON, FL 33431	Mailing Address 1750 UNIVERSITY DR #205 CORAL SPRINGS, FL 33071
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01072007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 65-0399835	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

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

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

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUTT, JACK 12620 TIBOLI CHASE CT., #1 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KETTEN, DAVID 12620 TIBOLI CHASE CT., #2 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NEWMAN, MARILYN 8511 VIA ROMANA #1 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZVP FRANKS, JABLON 8511 VIA ROMANA #2 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARILYN SHANK 8531 VIA ROMANA #1 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Jack S. Rutt - JACK S. RUTT - President 1/17/07 561-883-0140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #