


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000000262 1. Entity Name VILLA SAN REMO NEIGHBORHOOD "B" HOMEOWNERS' ASSOCIATION, INC.		
Principal Place of Business 951 BROKEN SOUND PKWY SUITE 250 BOCA RATON FL 33487		Mailing Address 951 BROKEN SOUND PKWY SUITE 250 BOCA RATON FL 33487
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
BUDD, GARY 951 BROKEN SOUND PKWY SUITE 250 BOCA RATON FL 33487		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 _____		
FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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: TD <input type="checkbox"/> Delete NAME: KOZAN, DAN STREET ADDRESS: 8656 VIA GINLIA CITY-ST-ZIP: BOCA RATON FL 33496	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: PD <input type="checkbox"/> Delete NAME: DEBOLD, FRANK STREET ADDRESS: 8602 VIA GIULLIA CITY-ST-ZIP: BOCA RATON FL 33496	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: SD <input type="checkbox"/> Delete NAME: GARCIA, RAYSA STREET ADDRESS: 8723 VIA GIULLIA CITY-ST-ZIP: BOCA RATON FL 33496	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ 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: <u>Rayssa Garcia</u> RAYSA GARCIA <u>3/25/05</u> ⁵⁶¹ <u>883-2456</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0914692** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

LW0000278968
03/28/05-80047-008 61.25