

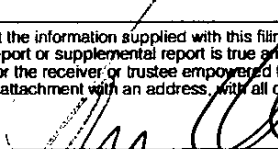


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90036 035 ****61.25

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 - No P.O. Box # 3901 N. Federal Hwy Suite, Apt. #, etc. #202		3. Mailing Address 3901 N. Federal Hwy Suite, Apt. #, etc. #202	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33431	Country USA	Zip 33431	Country USA
6. Name and Address of Current Registered Agent BUDD, GARY 951 BROKEN SOUND PKWY SUITE 250 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name: St. John, Core & Lemmer, P.A. Street Address (P.O. Box Number is Not Acceptable): 1601 Forum Place # 701 City: West Palm Beach FL Zip Code: 33401	
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:  DAVID A. CONE, Secretary		DATE: 3-28-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VPTD	NAME: DEBOLD, FRANK <input type="checkbox"/> Delete	TITLE: VPTD	NAME: Debold, Frank <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8602 VIA CIOLA	CITY-ST-ZIP: BOCA RATON, FL 33496	STREET ADDRESS: 8602 Via Giulia	CITY-ST-ZIP: Boca Raton FL 33496
TITLE: SD	NAME: FREEDMAN, MELVIN <input type="checkbox"/> Delete	TITLE: SD	NAME: Freedman, Melvin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8723 VIA GIULIA	CITY-ST-ZIP: BOCA RATON, FL 33496	STREET ADDRESS: 8627 Via Giulia	CITY-ST-ZIP: Boca Raton, FL 33496
TITLE: PD	NAME: BEDICK, JARED S <input type="checkbox"/> Delete	TITLE: PD	NAME: Bedick, Jared <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8632 VIA GIULIU	CITY-ST-ZIP: BOCA RATON, FL 33496	STREET ADDRESS: 9632 Via Giulia	CITY-ST-ZIP: Boca Raton, FL 33496
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: 4/15/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	