


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90036 028 ****61.25

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1. Entity Name
VILLA SAN REMO NEIGHBORHOOD "F" HOMEOWNERS ASSOCIATION, INC.




Principal Place of Business
**COMMUNITY ASSOC. SERV
 951-BROKEN SOUND PKWY STE 250
 BOCA RATON, FL 33487**

Mailing Address
**COMMUNITY ASSOC. SERV
 951-BROKEN SOUND PKWY-STE 250
 BOCA RATON, FL 33487**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02092006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0023929 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ST. JOHN, CORE, FIORE & LEMME, P.A.
 500 AUSTRALIAN AVENUE SOUTH - SUITE 600
 WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

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

Filing Fee is **\$61.25** Due by **May 1, 2006**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EVANS, MARTIN 8285 VIA BELLA BOCA RATON, FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LIONETTI, CATHERINE 8189 VIA DIVENETO BOCA RATON, FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FISHMAN, ALAN 18404 VIA DI SORRENTO BOCA RATON, FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREUND, OTTO JR 18398 VIA DI SORRENTO BOCA RATON, FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST V.P. Sussman, GERRI 8226 VIA DI VENETO BOCA RATON, FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 another like empowered.

SIGNATURE: *OTTO V. FREUND JR* President OTTO V. FREUND JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 05/16/06 Daytime Phone #