


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90042 039 ****61.25

DOCUMENT # N99000006888

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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

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

01242007 Chg-NP CR2E037 (12/06)

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 MARTIN EVANS, PRESIDENT 2/16/07
 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, 2007

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 NAME VPD EVANS, MARTIN STREET ADDRESS 8285 VIA BELLA CITY-ST-ZIP BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Delete	TITLE NAME PD EVANS, MARTIN STREET ADDRESS 8285 VIA BELLA CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STD LIONETTI, CATHERINE STREET ADDRESS 8189 VIA DIVENETO CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Delete	TITLE NAME RVPD SHERIN, ROBIN STREET ADDRESS 8334 VIA DI VENETO CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME TD FISHMAN, ALAN STREET ADDRESS 18404 VIA DI SORRENTO CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Delete	TITLE NAME ALAN FISHMAN STREET ADDRESS 18404 VIA DI SORRENTO CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME P FREUND, OTTO JR STREET ADDRESS 18398 VIA DI SORRENTO CITY-ST-ZIP BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME 1VP SUSSMAN, GERI STREET ADDRESS 8226 VIA DI VENETO CITY-ST-ZIP BOCA RATON, FL 33496	<input type="checkbox"/> Delete	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"/> Delete	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: ALAN FISHMAN 470 1886
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #