
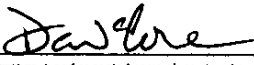



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90033 048 ****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 # 3901 N Federal Hwy Suite, Apt. #, etc. #202 City & State Boca Raton, FL Zip 33431 Country USA		3. Mailing Address 3901 N. Federal Hwy Suite, Apt. #, etc. #202 City & State Boca Raton, FL Zip 33431 Country USA	
4. FEI Number 65-0023929		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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: ST. John, Core & Lemme, 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. CORE, Secretary 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 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	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREUND, OTTO JR 18398 VIA DI SORRENTO 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 STREET ADDRESS CITY-ST-ZIP	IVP SUSSMAN, GERI 8226 VIA DI VENETO BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZVPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZVPD SHERIN, ROBIN 8334 VIA DI VENETO BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" 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: 		4/8/08 561-883-1041	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	