

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9: 27

DOCUMENT # N35615 (6)

1. Corporation Name

SAN REMO ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1819 MAIN ST #610
C/O NORTON, GURLEY & HAMMERSLEY PA
SARASOTA FL 34236

1819 MAIN ST #610
C/O NORTON, GURLEY & HAMMERSLEY PA
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/12/1989

3a. Date of Last Report
02/28/1994

4. FEI Number

65-0177157

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAM NORTON
1819 MAIN ST #610
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

GATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	BURCHAM, GRAHAM
STREET ADDRESS	3710 TANGLER TERRACE
CITY-ST-ZIP	SARASOTA FL
TITLE	TD
NAME	KUNZ, KAREN
STREET ADDRESS	3656 SAN REMO TERRACE
CITY-ST-ZIP	SARASOTA FL
TITLE	SD
NAME	COOLEY, CARLOTTA
STREET ADDRESS	1363 TANGLER WAY
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	ROSS, ANN
STREET ADDRESS	1513 TANGIER WAY
CITY-ST-ZIP	SARASOTA FL
TITLE	PD
NAME	THOMAS, NEVIN
STREET ADDRESS	3518 TANGIER TERR
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	RICHARDS, ALAN
STREET ADDRESS	3687 SAN REMO TERRACE
CITY-ST-ZIP	SARASOTA FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Karen A. Kunz, Treasurer
KAREN A. KUNZ

3/4/95

(813) 954-3656