#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 709953** 

Entity Name: SAN REMO, INC., A CONDOMINIUM

Feb 16, 2024 **Secretary of State** 2272644362CC

**FILED** 

## **Current Principal Place of Business:**

2871 N. OCEAN BLVD. BOCA RATON, FL 33431

#### **Current Mailing Address:**

2871 N. OCEAN BLVD. BOCA RATON, FL 33431

FEI Number: 59-1202524 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A. 625 NORTH FLAGLER DR 7TH FLOOR WEST PALM BEACH, FL 33401 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

| Title | DIRECTOR        | Title | TREASURER    |
|-------|-----------------|-------|--------------|
| Name  | DESIMONE, RALPH | Name  | FORTI, JAMES |

Address 2871 N OCEAN BLVD R256 Address 2871 N. OCEAN BLVD, C107 City-State-Zip: BOCA RATON FL 33431 City-State-Zip: BOCA RATON FL 33431

Title **DIRECTOR** Title **PRESIDENT** 

Name GOLDKLANK, MARK Name AMOROSANO, JOHN 2871 N. OCEAN BLVD., Address 2871 N. OCEAN BLVD., Address

R360

City-State-Zip: BOCA RATON FL 33431 City-State-Zip: BOCA RATON FL 33431

Title **SECRETARY** Title DIRECTOR

CANNING, ISABEL Name PINKERTON, BRIAN Name

2871 N. OCEAN BLVD., 2871 N. OCEAN BLVD.,F433 Address Address

F127 BOCA RATON FL 33431

City-State-Zip: BOCA RATON FL 33431 City-State-Zip:

Title 2ND VP Title

Name CURITORE, KENNETH Name **DULIN, THOMAS** 2871 N. OCEAN BLVD. Address

Address 2871 N OCEAN BLVD, R350 D408

City-State-Zip: BOCA RATON FL 33431 BOCA RATON FL 33431 City-State-Zip:

## Continues on page 2

R552

VΡ

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN AMOROSANO Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

02/16/2024 Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name MACDONALD, JUSTINE

Address 2871 N. OCEAN BLVD D316

City-State-Zip: BOCA RATON FL 33431