

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746695

**Entity Name:** SAN REMO CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**May 31, 2022**  
**Secretary of State**  
**3921796185CC**

**Current Principal Place of Business:**

RESCOM MGT LLC  
1401 MANATEE AVE W SUITE300  
BRADENTON, FL 34205

**Current Mailing Address:**

RESCOM MGT LLC  
1401 MANATEE AVE W SUITE300  
BRADENTON, FL 34205 US

**FEI Number: 59-2692220**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RESCOM MGT LLC  
RESCOM MGT LLC  
1401 MANATEE AVE W SUITE300  
BRADENTON, FL 34205 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: PHILIP TURNBULL**

**05/31/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TURNBULL, PHILLIP  
Address        RESCOM MGT LLC  
                  1401 MANATEE AVE W SUITE300  
City-State-Zip: BRADENTON FL 34205

Title            TREASURER  
Name            COLIZZA, ANTONIO  
Address        RESCOM MGT LLC  
                  1401 MANATEE AVE W SUITE300  
City-State-Zip: BRADENTON FL 34205

Title            SECRETARY  
Name            WILSON, JIM  
Address        RESCOM MGT LLC  
                  1401 MANATEE AVE W SUITE300  
City-State-Zip: BRADENTON FL 34205

Title            ASST. SECRETARY  
Name            MANNING, MICHAEL  
Address        RESCOM MGT LLC  
                  1401 MANATEE AVE W SUITE300  
City-State-Zip: BRADENTON FL 34205

Title            PROPERTY MANAGER  
Name            KENYON, MICHAEL  
Address        RESCOM MGT LLC  
                  1401 MANATEE AVE W SUITE300  
City-State-Zip: BRADENTON FL 34205

*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: MICHAEL KENYON**

**MANAGER**

**05/31/2022**

Electronic Signature of Signing Officer/Director Detail

Date