

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35615

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

**Current Principal Place of Business:**

3550 TANGIER TERRACE  
SARASOTA, FL 34239

**FILED**  
**Apr 07, 2014**  
**Secretary of State**  
**CC3276656647**

**Current Mailing Address:**

3550 TANGIER TERRACE  
SARASOTA, FL 34239 US

**FEI Number:** 65-0177157

**Certificate of Status Desired:** No

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

BECKER & POLIAKOFF, P.A.  
6230 UNIVERSITY PARKWAY - SUITE 204  
SARASOTA, FL 34240 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 VP  
Name BARR, JIM  
Address 3620 SAN REMO TERRACE  
City-State-Zip: SARASOTA FL 34239

Title TD  
Name LYONS, DAVID  
Address 1340 TANGIER WAY  
City-State-Zip: SARASOTA FL 34239

Title D  
Name JONES, HAMILTON  
Address 1386 TANGIER WAY  
City-State-Zip: SARASOTA FL 34239

Title D  
Name ROBERTS, KEVIN  
Address 3647 SAN REMO TERRACE  
City-State-Zip: SARASOTA FL 34239

Title SD  
Name SCHECHTER, SCOTT  
Address 3550 TANGIER TERRACE  
City-State-Zip: SARASOTA FL 34239

Title PD  
Name PIERCE, KENNETH  
Address 1350 TANGIER WAY  
City-State-Zip: SARASOTA FL 34239

*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:** SCOTT SCHECHTER

**SECRETARY**

**04/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date