

2017 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**Current Mailing Address:**PO BOX 15195
SARASOTA, FL 34277 US**FEI Number:** 65-0177157**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAMS, LAURIE B.
VAN WINKLE & SAMS, P.A.
3859 BEE RIDGE ROAD SUITE 202
SARASOTA, FL 34233 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:** LAURIE B. SAMS

04/29/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP D
Name ROSS, ANN
Address 1513 TANGIER WAY
City-State-Zip: SARASOTA FL 34239

Title TD
Name FOSTER, ELLEN
Address 3827 TANGIER TERRACE
City-State-Zip: SARASOTA FL 34239

Title D
Name CLAVETTE, STEVEN
Address 1463 TANGIER WAY
City-State-Zip: SARASOTA FL 34239

Title D
Name CLARK, JEFF
Address 3657 SAN REMO TERRACE
City-State-Zip: SARASOTA FL 34239

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

Title D
Name PETAK, ROBERT
Address 3633 TANGIER TERRACE
City-State-Zip: SARASOTA FL 34239

Title SD
Name BEARD, BARBARA
Address 3615 TANGIER TERRACE
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 M SCHECHTER

PRESIDENT

04/29/2017

Electronic Signature of Signing Officer/Director Detail

Date