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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N09286 (8)

1. Corporation Name
RESIDENTIAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
1375 S. UNIVERSITY DRIVE PLANTATION FL 33324-1017	1375 S. UNIVERSITY DRIVE PLANTATION FL 33324-1017

3. Date Incorporated or Qualified: 05/14/1985

4. FEI Number: 59-2534130 ☐ 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~OJITO, TERE~~
1357 S. UNIVERSITY DR.
PLANTATION FL ~~33324-1017~~

10. Name and Address of New Registered Agent

81 Name: Norman G. Turck
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code: 33324-4025

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Norm G Turck CFO — DATE: 2/13/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	ALLER, SAM		1.2 NAME	Dennis O'Shea	
STREET ADDRESS	2040 NE 182 ST		1.3 STREET ADDRESS	1254 SW 116 Ave	
CITY-ST-ZIP	N MIAMI BEACH FL		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33326	
TITLE	VD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRZOZA, JOSEPH,		2.2 NAME		
STREET ADDRESS	627 HICKORY ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33963		2.4 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	3.1 TITLE	Secretary / Director	☒ Change ☐ Addition
NAME	JAVALLANA, TY		3.2 NAME	Valerie Powers	
STREET ADDRESS	543 S. CRESCENT DRIVE		3.3 STREET ADDRESS	7116 SW 42 Place	
CITY-ST-ZIP	HOLLYWOOD FL 33021		3.4 CITY-ST-ZIP	Davie, FL 33314	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KERZNER, MICHAEL DPM		4.2 NAME		
STREET ADDRESS	893 N.E. 125 ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL 33161		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BROZA, JOSEPH		5.2 NAME		
STREET ADDRESS	627 HICKORY RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33963		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Treasurer/Director	☐ Change ☒ Addition
NAME			6.2 NAME	Eileen Taylor	
STREET ADDRESS			6.3 STREET ADDRESS	529 Patio Village Way	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33326	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] DENNIS O'SHEA 2/18/98 (954) 424-3228