

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34610 (8)

1. Corporation Name
THE RESERVE MAINTENANCE ASSOCIATION, INC.



Principal Place of Business C/O THE CONTINENTAL GROUP 1067 SHOTGUN ROAD FORT LAUDERDALE FL 33326	Mailing Address C/O THE CONTINENTAL GROUP 1067 SHOTGUN ROAD FORT LAUDERDALE FL 33326
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3. Date Incorporated or Qualified 10/11/1989		
4. FEI Number 65-0164802	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**EDWARD KREILING
C/O ROSEN, ROSEN & KREILING
1625 N. COMMERCE PARKWAY
FORT LAUDERDALE FL 33326**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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: *Edward Kreiling* DATE: **2/17/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, DON	
STREET ADDRESS	3029 BIRKDALE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	BROOKS, ROBERT	
STREET ADDRESS	2881 BIRKDALE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SHUGAR, HYMAN	
STREET ADDRESS	3101 BIRKDALE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	STERNLIEB, EDWARD	
STREET ADDRESS	3088 BIRKDALE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STONE, DAVID	
STREET ADDRESS	2956 BIRKDALE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Allen, Rick	
1.3 STREET ADDRESS	3029 - Birkdale	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL	
2.1 TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	mel Blauert	
2.3 STREET ADDRESS	3040 - Birkdale	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL	
3.1 TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Koss, Manella	
3.3 STREET ADDRESS	2982 - E. Marion	
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Edward Kreiling* DATE: **2/11/98**

CR2E037 (10/97)