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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000054956 (5)**

1. Corporation Name
RESIDENTIAL COMMUNITIES MANAGEMENT, INC.

Principal Place of Business	Mailing Address
20 N. ORANGE AVE. SUITE 700 ORLANDO FL 32801	20 N. ORANGE AVE. SUITE 700 ORLANDO FL 32801-4604

3. Date Incorporated or Qualified: 07/25/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 500 N. MAITLAND AVE	26 500 N. MAITLAND AVE
Suite, Apt. #, etc. 22 SUITE 203	Suite, Apt. #, etc. 27 SUITE 203
City & State 23 MAITLAND, FL	City & State 28 MAITLAND FL
Zip 24 32751 Country 25	Zip 29 32751 Country 30

4. FEI Number: 59-3273264 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COLLING, LEE JAY 20 N. ORANGE AVE. SUITE 700 ORLANDO FL 32801	81 Name: COLLING, LEE JAY 82 Street Address (P.O. Box Number is Not Acceptable): 500 N. MAITLAND AVE 83 SUITE 203 84 City: MAITLAND FL 85 Zip Code: 32751

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X Lee Jay Colling LEE JAY COLLING 4-23-97
Signature of, and typed or printed name of, registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COLLING, LEE JAY		1.2 NAME		
STREET ADDRESS	2023 VENETIAN WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SIMPSON, MARTYN W		2.2 NAME		
STREET ADDRESS	8142 STEEPLECHASE BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE, MARTYN W Simpson 4/16/97 407-295-1194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #