FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

,	996	Secretary of S DIVISION OF CORP			:
DOCUM 1. Corporation N	vame	` '			
REXMER	E LEAGUE OF HOME OWN	NERS INC.			
Principal Place of	of Business	Mailing Address REX M	EREBLUX	1 100111 10001 01111	
1261 SW 115TH AVE. 41511 SW 121H CT					
FT LAUDERDALE FL 33325 US		FT LAUDERDALE FL 33325-4016		Date Incorporated or Qualified	3a. Date of Last Report
00				09/17/1980	04/28/1995
2. Principal Plac	ne of Business	2a. Mailing Address		4. FEI Number 59-2088375	Applied For
21		26		3872000373	Not Applicable S8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	_	28		Trust Fund Contribution	Added to rees
Zip	Country	Zıp	Country	This corporation has liability for in Florida Statutes	tangibie tax under s. 199.032, Yes No
24	25 9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	
<u></u>	g. Name and Address of Correct	t ricgistores rige	81 Name		
LIBUTTI, CARL 82 Street Addres				ess (P.O. Box Number is Not Acceptable	9)
1261 SW 115TH AVE					
FT. LAUDERDALE FL 33325					
• 84 City					FL 85 Zip Code
		1047 4500 Flydda Ctatistan the	above-named corpor	ation submits this statement for the purp rd of directors. I hereby accept the appo	and of changing its registered office
			the corporation's boar	ration submits this statement for the purp rd of directors. I hereby accept the appo	intment as registered agent. I am
familiar wit	h, and accept the obligations of Sect	ion on todoo, nonda etaterez			
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: Reg	istered Agent signature require:	d when reinstaling)	DATE OFFICE AND DIDECTORS IN 12
12.		ID DIRECTORS /	13.		CERS AND DIRECTORS IN 12
TITLE	VD	DELETE	11 TITLE	DEMBICKI, HART	CERS AND DIRECTORS IN 12 CANUA CONTROL CONTRO
NAME	HOWARD, JOYCE		1.2 NAME 1.3 STREET ADDRESS	11310 SW 12M	ANUR B
STREET ADDRESS	11511 SW 12TH CT FT LAUDERDALE FL	,	1.4 CITY-ST-ZIP	CTIAND CI	35325
CITY-ST-ZIP	VD VD	DELETE	21 TITLE	2ND VICE PRES	☐ Change ☐ Addition ☐
TITLE NAME	DEMAREST, ANN	_	2.2 NAME	WHEELER	PAUL
STREET ADDRESS	11730 S.W. 11TH MANOR		2 3 STREET ADDRESS	WHEELER 11323 3 W 1	3 PL.
CITY-ST-ZIP	FT_LAUDERDALE FL		2 4 City-St-ZIP	FT. LAVD. FL	Change Addition
TITLE	DP)	DEFFELE	3.1 TITLE		
NAME	YOUNGHANS, HAL		3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS	11458 REXMERE BLVD FT. LAUD. FL		3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE	T	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LIBUTTI, CARL		4. 2 NAME		1
STREET ADDRESS	1261 SW 115TH AVE		4 3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	- Flactor	4.4 CITY-ST-ZIP	 6:0000015 1 -03/25/9601	Addition Addition
TITLE	\$	DELETE	5 1 TITLE	-03/25/96~-01	0480077 -
NAME	MCCORNAC, MARY		5.2 NAME 5.3 STREET ADDRESS	***D1.25	
STREET ADDRESS	11310 SW 12TH HANOR FT. LAUD. FL		5.4 CITY-ST-ZIP		
CITY-ST-ZIP	SA SA	DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE NAME	J.J. MILLER	_	62 NAME		
STREET ADDRESS	ANAN CHI 444 MAV		6.3 STREET ADDRESS]

6.4 CITY - ST - ZIP

SIGNATURE: _

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 1.19.07(3)(k), 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 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 certify 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. 954-475-0653 W