FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL 19 AM 10:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 843335 (1)

1. Corporation Name
REXMERE LAKE VILLAGE MANAGEMENT, INCORPORATED

Principal Place of Business	Mailing Address
P.O.BOX 8960 RANCHO SANTA FE CA 92067	P.O.BOX 8960 RANCHO SANTA FE CA 92067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1979
3a. Date of Last Report: 05/18/1994

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

4. FEI Number: 95-3363036 ☐ 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 XX ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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 _____ DATE
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	PD	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	DALE, JAMES M.	1.2 NAME	DALE, JAMES M.	(N/A)
STREET ADDRESS	P.O.BOX 8960	1.3 STREET ADDRESS	P.O. BOX 8960	
CITY-ST-ZIP	RANCHO SANTA FE CA 92067	1.4 CITY-ST-ZIP	RANCHO SANTA FE, CA. 92067	
TITLE	ST	2.1 TITLE	ST	☐ Change ☐ Addition
NAME	GINTER, ROBERT H.	2.2 NAME	GINTER, ROBERT H.	
STREET ADDRESS	10889 WILSHIRE BLVD.	2.3 STREET ADDRESS	10889 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	2.4 CITY-ST-ZIP	LOS ANGELES, CA. 90024	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	CASNER, CLYDE	3.2 NAME	CASNER, CLYDE	
STREET ADDRESS	5630 N. ROSEMEAD BLVD.	3.3 STREET ADDRESS	1020 HUNTINGTON DRIVE	
CITY-ST-ZIP	TEMPLE CITY CA	3.4 CITY-ST-ZIP	SAN MARINO, CA. 91108	
TITLE	S	4.1 TITLE	S	☒ Change ☐ Addition
NAME	HINTERBERG, IDA J.	4.2 NAME	HINTERBERG, IDA J.	(N/A)
STREET ADDRESS	P.O.BOX 8960	4.3 STREET ADDRESS	P.O. BOX 9290	
CITY-ST-ZIP	RANCHO SANTA FE CA 92067	4.4 CITY-ST-ZIP	RANCHO SANTA FE, CA 92067	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 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: Ida J. Hinterberg — Ida J. Hinterberg — 6/28/95 — (619) 759-9463
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0481724 FP