

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 30, 2006 08:00 AM
Secretary of State**

DOCUMENT # 843335

1. Entity Name
**REXMERE LAKE VILLAGE MANAGEMENT,
INCORPORATED**



Principal Place of Business
**P.O. BOX 8960
RANCHO SANTA FE, CA 92067**

Mailing Address
**P.O. BOX 8960
RANCHO SANTA FE, CA 92067**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-3363036

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HINDEN ESQ, JON A
WEBBER, HINDEN & MCLEAN
FORT LAUDERDALE, FL 33314**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-installing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DALE, JAMES M.
STREET ADDRESS	P.O. BOX 8960 N/A
CITY-ST-ZIP	RANCHO SANTA FE, CA
TITLE	VPS
NAME	BONNIE, DALE
STREET ADDRESS	PO BOX 8960
CITY-ST-ZIP	RANCHO SANTA FE, CA 92067

000000407206
02/08/06-80007-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #