2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State
01-22-2008 90044 025 ***150.00

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01042008 Chg-P CR2E034 (12/06)

DOCUMENT # 843335

1. Entity 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

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11300 Rexmere Boulevard	11300 Rexmere Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie, Florida	City & State: Davie, Florida
Zip: 33325 Country: USA	Zip: 33325 Country: USA

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	7. Name and Address of New Registered Agent
HINDEN ESQ, JON A WEBBER, HINDEN & MCLEAN FORT LAUDERDALE, FL 33314	Name: Street Address (P.O. Box Number is Not Acceptable): 4430 S.W. 64th Avenue City: Davie FL Zip Code: 33314

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DALE, JAMES M. P.O. BOX 8960 N/A RANCHO SANTA FE, CA ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Dale, James M. 11300 Rexmere Boulevard ~~Davie, Florida 33325~~ ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS BONNIE, DALE PO BOX 8960 RANCHO SANTA FE, CA 92067 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President / Secretary Dale, Bonnie L. 5 Melville Walk Hingham, MA 02043 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: [signature] 01/14/08 954-472-1233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #