

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N05985** (9)

1. Corporation Name
REXMERE OWNERS ASSOCIATION, INC.



Principal Place of Business
**9432 SW 51 COURT
COOPER CITY FL 33328
US**

Mailing Address
**9432 SW 51 COURT
COOPER CITY FL 33328
US**

3. Date Incorporated or Qualified **11/02/1984** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 **11300 REXMERE BLVD** 2a. Mailing Address
26 **11300 REXMERE BLVD**

4. FEI Number **59-2646470** Applied For
Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

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

23 City & State **FT. LAUDERDALE FL** 28 City & State **FT. LAUDERDALE FL**

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

24 Zip **33325** 25 Country **USA** 29 Zip **33325** 30 Country **USA**

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

9. Name and Address of Current Registered Agent

**RENNA, FRANK C
9432 SW 51 COURT
COOPER CITY FL 33328**

10. Name and Address of New Registered Agent

81 Name **GEORGE MATTERN**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **1296-SW-114-WAY**
84 City **FT. LAUDERDALE** FL 85 Zip Code **33325**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **GEORGE MATTERN - TREAS.**

George Mattern

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☒ DELETE
NAME	COSTANZA, MILDRED	
STREET ADDRESS	11633 REXMERE BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DV	☒ DELETE
NAME	ST. LAURENT, ROBERT	
STREET ADDRESS	1254 SW 116TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	☒ DELETE
NAME	CAMPANARO, VINCENT	
STREET ADDRESS	11301 SW 9TH MANOR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	S	☒ DELETE
NAME	LEIBLE, ELEANOR	
STREET ADDRESS	11656 SW 9 COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33325	
TITLE	TD	☒ DELETE
NAME	RENNA, FRANK C	
STREET ADDRESS	9432 SW 51 COURT	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	S	☒ DELETE
NAME	LEIBLE, ELEANOR	
STREET ADDRESS	11656 SW 9 COURT	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	ANTHONY COSTANZA	
1.3 STREET ADDRESS	11633 REXMERE BLVD	
1.4 CITY-ST-ZIP	FT. LAUDERDALE FL. 33325	
2.1 TITLE	V	☒ Change ☐ Addition
2.2 NAME	HARRY DEMBICKI	
2.3 STREET ADDRESS	11310-SW 12TH MANOR	
2.4 CITY-ST-ZIP	FT. LAUDERDALE FL-33325	
3.1 TITLE	DV	☒ Change ☐ Addition
3.2 NAME	MILDRED COSTANZA	
3.3 STREET ADDRESS	11633-REXMERE BLVD	
3.4 CITY-ST-ZIP	FT. LAUDERDALE FL. 33325	
4.1 TITLE	S	☒ Change ☐ Addition
4.2 NAME	MARY MCCORNACK	
4.3 STREET ADDRESS	11310-SW-12TH MANOR	
4.4 CITY-ST-ZIP	FT. LAUDERDALE FL-33325	
5.1 TITLE	T	☒ Change ☐ Addition
5.2 NAME	GEORGE MATTERN	
5.3 STREET ADDRESS	1296-SW-114-WAY	
5.4 CITY-ST-ZIP	FT. LAUDERDALE FL-33325	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **GEORGE MATTERN-TREAS.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)