

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 26 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
 11300 REXMERE BLVD FT LAUDERDALE FL 33325 US
 11300 REXMERE BLVD FT LAUDERDALE FL 33325 US

3. Date Incorporated or Qualified
 11/02/1984
 4. FEI Number
 59-2646470 Applied For Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 COSTANZA, ANTHONY
 11633 REXMERE BLVD
 FT LAUDERDALE FL 33325

10. Name and Address of New Registered Agent
 81 Name
 ROBERT ST. LAURENT
 82 Street Address (P.O. Box Number is Not Acceptable)
 1254 SW 116 WAY
 FORT LAUDERDALE
 83 City
 84 City
 85 Zip Code
 FL 33325

11. Pursuant to the provisions of sections 617.8502 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 617.8503, Florida Statutes.
 SIGNATURE Robert St. Laurent 8/18/98
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	COSTANZA, ANTHONY	
STREET ADDRESS	11633 REXMERE BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SORENSEN, HERB	
STREET ADDRESS	11371 SW 12 MANOR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	JOSINSKI, KENNETH	
STREET ADDRESS	350 NW 130 AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MAZURKEVITCH, MARGARET	
STREET ADDRESS	405 NW 134 AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MAZURKEVITCH, VINCENT J	
STREET ADDRESS	405 NW 134 AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT ST. LAURENT	
1.3 STREET ADDRESS	1254 SW 116 WAY	
1.4 CITY-ST-ZIP	FORT LAUDERDALE FLA. 33325	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRANK PERRONCINO	
2.3 STREET ADDRESS	933 SW 117 AVE.	
2.4 CITY-ST-ZIP	FORT LAUDERDALE, FLA. 33325	
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NORMA Leger	
3.3 STREET ADDRESS	40 11300 REXMERE BLVD.	
3.4 CITY-ST-ZIP	FORT LAUDERDALE, FLA 33325	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: Robert St. Laurent 8/18/98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (5/98)