

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).

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

COSTANZA, ANTHONY
11633 REXMERE BLVD
FT LAUDERDALE FL 33325

3. Date Incorporated or Qualified

11/02/1984

4. FEI Number

59-2646470

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

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

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

83

FORT LAUDERDALE

84

City

FL

85

Zip Code

33325

11. Pursuant to the provisions of sections 617.9502 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 617.9503, Florida Statutes.

SIGNATURE

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

ROBERT ST. LAURENT

8/18/98

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME COSTANZA, ANTHONY
STREET ADDRESS 11633 REXMERE BLVD
CITY-ST-ZIP FT LAUDERDALE FL
DELETE

TITLE V
NAME SORENSEN, HERB
STREET ADDRESS 11371 SW 12 MANOR
CITY-ST-ZIP FT LAUDERDALE FL
DELETE

TITLE DV
NAME JOSINSKI, KENNETH
STREET ADDRESS 350 NW 130 AVE
CITY-ST-ZIP PLANTATION FL
DELETE

TITLE S
NAME MAZURKEVITCH, MARGARET
STREET ADDRESS 405 NW 134 AVE
CITY-ST-ZIP PLANTATION FL
DELETE

TITLE T
NAME MAZURKEVITCH, VINCENT J
STREET ADDRESS 405 NW 134 AVE
CITY-ST-ZIP PLANTATION FL
DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME ROBERT ST. LAURENT
1.3 STREET ADDRESS 1254 SW 116 WAY
1.4 CITY-ST-ZIP FORT LAUDERDALE FLA. 33325
Change Addition

2.1 TITLE V
2.2 NAME FRANK PERRONCINO
2.3 STREET ADDRESS 933 SW 117 AVE
2.4 CITY-ST-ZIP FORT LAUDERDALE, FLA. 33325
Change Addition

3.1 TITLE DV
3.2 NAME NORMA Leger
3.3 STREET ADDRESS 405 REXMERE BLVD.
3.4 CITY-ST-ZIP FORT LAUDERDALE, FLA 33325
Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT ST. LAURENT 8/18/98

Date

Daytime Phone #

CR2E037 (5/98)

FILED
Aug 26 1998 8:00am
Secretary of State

