


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 16 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 # N09013 (6) 1. Corporation Name RENTSCHLER PARK CONDOMINIUM ASSOCIATION, INC.		



Principal Place of Business		Mailing Address	
C/O FAYE B. JOHNSON 18275 DEEP PASSAGE LANE FT. MYERS BEACH FL 33931		C/O FAYE B. JOHNSON 18275 DEEP PASSAGE LANE FT. MYERS BEACH FL 33931	
2. Principal Place of Business	2a. Mailing Address		
21 16270 Old US 41 S	26		
22 Suite, Apt. #, etc. Fort Myers, FL	27 Suite, Apt. #, etc.		
23 City & State	28 City & State		
24 Zip 33931	25 Country USA	29 Zip	30 Country

3. Date Incorporated or Qualified 05/01/1985	
4. FEI Number 65-0756201	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
CALDWELL, MANLEY P JR. 324 ROYAL PALM WAY SUITE 300 PALM BEACH FL 33480	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD PATCH, NATHAN G <input type="checkbox"/> DELETE
NAME	220 ORANGE GROVE
STREET ADDRESS	PALM BEACH FL 33480
CITY-ST-ZIP	
TITLE	VD JOHNSON, DAVID L <input type="checkbox"/> DELETE
NAME	18275 DEEP PASSAGE LANE
STREET ADDRESS	FT. MYERS BEACH FL 33931
CITY-ST-ZIP	
TITLE	STD JOHNSON, FAYE B <input type="checkbox"/> DELETE
NAME	18275 DEEP PASSAGE LANE
STREET ADDRESS	FT. MYERS BEACH FL 33931
CITY-ST-ZIP	
TITLE	AS CALDWELL, MANLEY P JR. <input type="checkbox"/> DELETE
NAME	324 ROYAL PALM WAY
STREET ADDRESS	PALM BEACH FL 33480
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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)(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: *Faye B. Johnson* 3/6/98 941 466-3034

CF2E037 (10/97)