

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 17 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000001442 (0)**

1. Corporation Name

**REMINGTON POINTE PROPERTY OWNERS ASSOCIATION, IN C.**



Principal Place of Business <b>200 S. ORANGE AVENUE SUITE 2150 ORLANDO FL 32802</b>	Mailing Address <b>200 S. ORANGE AVENUE SUITE 2150 ORLANDO FL 32802</b>
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3. Date Incorporated or Qualified <b>03/15/1996</b>	Applied For Not Applicable
4. FEI Number <b>22-3700876</b>	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> <b>2601 S. Bayshore Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>27</b> <b>Suite 900 - Legal Dept.</b>
City & State <b>23</b>	City & State <b>28</b> <b>Miami, Florida</b>
Zip <b>24</b>	Country <b>25</b>
Country <b>26</b>	Zip <b>29</b> <b>33133</b>
Country <b>27</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GOLDMAN, JOEL K 2801 S. BAYSHORE DR LEGAL DEPT 9TH FLOOR MIAMI FL 33133</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KANTZ, KARL</b>		1.2 NAME <b>Gillette, J. Thomas</b>	
STREET ADDRESS <b>2801 S. BAYSHORE DR</b>		1.3 STREET ADDRESS <b>2601 S. Bayshore Drive</b>	
CITY-ST-ZIP <b>MIAMI FL 33133</b>		1.4 CITY-ST-ZIP <b>Miami, Florida 33133</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>VSD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GOLDMAN, JOEL K</b>		2.2 NAME <b>Goldin, Amy H.</b>	
STREET ADDRESS <b>2801 S. BAYSHORE DRIVE</b>		2.3 STREET ADDRESS <b>2601 S. Bayshore Drive</b>	
CITY-ST-ZIP <b>MIAMI FL 33133</b>		2.4 CITY-ST-ZIP <b>Miami, Florida 33133</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>VTD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>VT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CALLIS, CARLTON</b>		3.2 NAME <b>Cook, Paula</b>	
STREET ADDRESS <b>2801 S. BAYSHORE DR</b>		3.3 STREET ADDRESS <b>2601 S. Bayshore Drive</b>	
CITY-ST-ZIP <b>MIAMI FL 33133</b>		3.4 CITY-ST-ZIP <b>Miami, Florida 33133</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>AS</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Lamlein, Suzie</b>		4.2 NAME <b>Lamlein, Suzie</b>	
STREET ADDRESS <b>2601 S. Bayshore Drive</b>		4.3 STREET ADDRESS <b>2601 S. Bayshore Drive</b>	
CITY-ST-ZIP <b>Miami, Florida 33133</b>		4.4 CITY-ST-ZIP <b>Miami, Florida 33133</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_

4-10-98

305-859-4557

CR2E037 (10/97)