

FILE NOW: FILING FEE IS \$61.25

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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, INC.**

Principal Place of Business

Mailing Address

**200 S. ORANGE AVENUE  
SUITE 2150  
ORLANDO FL 32802**

**200 S. ORANGE AVENUE  
SUITE 2150  
ORLANDO FL 32802**

3. Date Incorporated or Qualified

**03/15/1996**

4. FEI Number

**22-3700876**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** **2601 S. Bayshore Drive**

**22** City & State

Suite, Apt. #, etc.  
**27** **Suite 900 - Legal Dept.**

City & State

**23** Zip

Country

**28** **Miami, Florida**

Zip

**33133**

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDMAN, JOEL K  
2801 S. BAYSHORE DR  
LEGAL DEPT 9TH FLOOR  
MIAMI FL 33133**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KANTZ, KARL</b>	
STREET ADDRESS	<b>2801 S. BAYSHORE DR</b>	
CITY - ST - ZIP	<b>MIAMI FL 33133</b>	

TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLDMAN, JOEL K</b>	
STREET ADDRESS	<b>2801 S. BAYSHORE DRIVE</b>	
CITY - ST - ZIP	<b>MIAMI FL 33133</b>	

TITLE	<b>VTD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CALLIS, CARLTON</b>	
STREET ADDRESS	<b>2801 S. BAYSHORE DR</b>	
CITY - ST - ZIP	<b>MIAMI FL 33133</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Gillette, J. Thomas</b>	
1.3 STREET ADDRESS	<b>2601 S. Bayshore Drive</b>	
1.4 CITY - ST - ZIP	<b>Miami, Florida 33133</b>	

2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Goldin, Amy H.</b>	
2.3 STREET ADDRESS	<b>2601 S. Bayshore Drive</b>	
2.4 CITY - ST - ZIP	<b>Miami, Florida 33133</b>	

3.1 TITLE	<b>VT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Cook, Paula</b>	
3.3 STREET ADDRESS	<b>2601 S. Bayshore Drive</b>	
3.4 CITY - ST - ZIP	<b>Miami, Florida 33133</b>	

4.1 TITLE	<b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Lamlein, Suzie</b>	
4.3 STREET ADDRESS	<b>2601 S. Bayshore Drive</b>	
4.4 CITY - ST - ZIP	<b>Miami, Florida 33133</b>	

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:

4-10-98

305-859-4557

CR2E037 (10/97)