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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90077 003 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001442

1. Corporation Name
REMINGTON POINTE PROPERTY OWNERS ASSOCIATION, INC.

* 5 8 1 5 9 1 *

501591 - 90077 - 3

Principal Place of Business
200 S. ORANGE AVENUE
SUITE 2150
ORLANDO FL 32802

Mailing Address
2601 S BAYSHORE DRIVE
SUITE 900 LEGAL DEPT
MIAMI FL 33133
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/15/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		22-3700876	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOLDMAN, JOEL K 2601 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			
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GILLETTE, J T			1.2 NAME	Liebrecht, Tom		
STREET ADDRESS	2601 S. BAYSHORE DR			1.3 STREET ADDRESS	200 South Orange Avenue, Suite 2150		
CITY-ST-ZIP	MIAMI FL 33133			1.4 CITY-ST-ZIP	Orlando, Florida 3280		
TITLE	VSD	<input type="checkbox"/> DELETE		2.1 TITLE	VS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOLDMAN, JOEL K			2.2 NAME	Goldman, Joel K.		
STREET ADDRESS	2601 S. BAYSHORE DRIVE			2.3 STREET ADDRESS	2601 S. Bayshore Drive		
CITY-ST-ZIP	MIAMI FL 33133			2.4 CITY-ST-ZIP	Miami FL 33133		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GOLDIN, AMY H			3.2 NAME	KAUFMANN, LARRY		
STREET ADDRESS	2601 S. BAYSHORE DR			3.3 STREET ADDRESS	200 S ORANGE AVE-SUITE 2150		
CITY-ST-ZIP	MIAMI FL 33133			3.4 CITY-ST-ZIP	ORLANDO, FL 32801		
TITLE	VT	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOK, PAULA			4.2 NAME			
STREET ADDRESS	2601 S BAYSHORE DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133			4.4 CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAMLEIN, SUZIE			5.2 NAME			
STREET ADDRESS	2601 BAYSHORE DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133			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, with all other like empowered.

SIGNATURE: _____ 3/19/99 305-859-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)