

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 06, 1999 8:00 am  
Secretary of State

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

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1. Corporation Name

REMINGTON POINTE PROPERTY OWNERS ASSOCIATION, INC.

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

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

3. Date Incorporated or Qualified

03/15/1996

4. FEI Number

22-3700876

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

9. Name and Address of Current Registered Agent

GOLDMAN, JOEL K  
2601 S. BAYSHORE DR  
LEGAL DEPT 9TH FLOOR  
MIAMI FL 33133

10. Name and Address of New Registered Agent

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 PD ☐ DELETE

NAME GILLETTE, J T  
STREET ADDRESS 2601 S. BAYSHORE DR  
CITY-ST-ZIP MIAMI FL 33133

TITLE VSD ☐ DELETE

NAME GOLDMAN, JOEL K  
STREET ADDRESS 2601 S. BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL 33133

TITLE D ☐ DELETE

NAME GOLDIN, AMY H  
STREET ADDRESS 2601 S. BAYSHORE DR  
CITY-ST-ZIP MIAMI FL 33133

TITLE VT ☐ DELETE

NAME COOK, PAULA  
STREET ADDRESS 2601 S BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL 33133

TITLE AS ☒ DELETE

NAME LAMLEIN, SUZIE  
STREET ADDRESS 2601 BAYSHORE DRIVE  
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Liebrecht, Tom  
1.3 STREET ADDRESS 200 South Orange Avenue, Suite 2150  
1.4 CITY-ST-ZIP Orlando, Florida 32801

2.1 TITLE VS ☒ Change ☐ Addition

2.2 NAME Goldman, Joel K.  
2.3 STREET ADDRESS 2601 S. Bayshore Drive  
2.4 CITY-ST-ZIP Miami FL 33133

3.1 TITLE V ☐ Change ☒ Addition

3.2 NAME KAUFMANN, LARRY  
3.3 STREET ADDRESS 200 S ORANGE AVE-SUITE 2150  
3.4 CITY-ST-ZIP ORLANDO, FL 32801

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*[Signature]* REQUIRED

3/19/99

305-859-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)