

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000157 (4)**

1. Corporation Name

MARISOL PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 200 SOUTH ORANGE AVENUE SUITE 2150 ORLANDO FL 32802		Mailing Address 200 SOUTH ORANGE AVENUE SUITE 2150 ORLANDO FL 32802		3. Date Incorporated or Qualified 01/13/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3461223	
21 Suite, Apt. #, etc.		26 2601 S. Bayshore Drive		<input checked="" type="checkbox"/> Applied For	
22 City & State		27 Suite 900 - Legal Dept.		<input type="checkbox"/> Not Applicable	
23 Zip		28 Miami, Florida		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 33133		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		30 Country		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GOLDMAN, JOEL K C/O ATLANTIC GULF COMMUNITIES CORP. 2601 S. BAYSHORE DR., SUITE 900 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	
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANTZ, KARL	1.2 NAME	Gillette, J. Thomas
STREET ADDRESS	200 SOUTH ORANGE AVENUE, SUITE 2150	1.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP	ORLANDO FL 32802	1.4 CITY-ST-ZIP	Miami, Florida 33133
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, JOEL ESQ.	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, Florida 33133
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPARROW, MARK	3.2 NAME	Goldin, Amy H.
STREET ADDRESS	950 DAVIS POND BOULEVARD	3.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP	JACKSONVILLE FL 32259	3.4 CITY-ST-ZIP	Miami, Florida 33133
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Jeffrey, Thomas W.
STREET ADDRESS		4.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, Florida 33133
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Cook, Paula
STREET ADDRESS		5.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, Florida 33133
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Lamlein, Suzie
STREET ADDRESS		6.3 STREET ADDRESS	2601 S. Bayshore Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, Florida 33133

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:

[Signature]

4/10/98

305-859-4557

CR2E037 (10/97)