

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
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3. Date Incorporated or Qualified
01/13/1997

4. FEI Number
59-3461223

Applied For
 Not Applicable

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip	26. Zip
27. Country	28. Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KANITZ, KARL
STREET ADDRESS	200 SOUTH ORANGE AVENUE, SUITE 2150
CITY-ST-ZIP	ORLANDO FL 32802
TITLE	D <input type="checkbox"/> DELETE
NAME	GOLDMAN, JOEL ESQ.
STREET ADDRESS	2601 S. BAYSHORE DRIVE
CITY-ST-ZIP	MIAMI FL 33133
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SPARROW, MARK
STREET ADDRESS	950 DAVIS POND BOULEVARD
CITY-ST-ZIP	JACKSONVILLE FL 32259
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	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gillette, J. Thomas
1.3 STREET ADDRESS	2601 S. Bayshore Drive
1.4 CITY-ST-ZIP	Miami, Florida 33133
2.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Goldman, Joel K.
2.3 STREET ADDRESS	2601 S. Bayshore Drive
2.4 CITY-ST-ZIP	Miami, Florida 33133
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Goldin, Amy H.
3.3 STREET ADDRESS	2601 S. Bayshore Drive
3.4 CITY-ST-ZIP	Miami, Florida 33133
4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jeffrey, Thomas W.
4.3 STREET ADDRESS	2601 S. Bayshore Drive
4.4 CITY-ST-ZIP	Miami, Florida 33133
5.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Cook, Paula
5.3 STREET ADDRESS	2601 S. Bayshore Drive
5.4 CITY-ST-ZIP	Miami, Florida 33133
6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Lamlein, Suzie
6.3 STREET ADDRESS	2601 S. Bayshore Drive
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: *Joel Goldman* 4/10/98 305-859-4557

CR2E037 (10/97)