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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N97000000157

1. Corporation Name

MARISOL PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

**200 SOUTH 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.

2a. Mailing Address

26
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

01/13/1997

4. FEI Number

59-3461223

Applied For

☐ Not Applicable

22 City & State

23 Zip Country

24 **25**

27 City & State

28 Zip Country

29 **30**

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
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

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 DRIVE**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **VSD** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **V** ☒ DELETE

NAME **JEFFREY, THOMAS W**
STREET ADDRESS **2601 S BAYSHORE DRIVE**
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 S BAYSHORE DRIVE**
CITY-ST-ZIP **MIAMI FL 33133**

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 S ORANGE AVE #2150**
1.4 CITY-ST-ZIP **ORLANDO, FL 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 **PD** ☒ Change ☐ Addition

3.2 NAME **GILLETTE, JT**
3.3 STREET ADDRESS **200 S ORANGE AVE #2150**
3.4 CITY-ST-ZIP **ORLANDO, FL 32801**

4.1 TITLE **V** ☐ Change ☒ Addition

4.2 NAME **KAUFMAN, LARRY**
4.3 STREET ADDRESS **200 S ORANGE AVE-SUITE 2150**
4.4 CITY-ST-ZIP **ORLANDO, FL 32801**

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

3/18/99

305-859-5000

Date

Daytime Phone #

CR2E037 (11/98)