

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90090 018 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT #** P93000021402  
1. Corporation Name

REINHARD REALTY, INC.

Principal Place of Business

3838 Tamiami Trail N.  
Suite 300  
Naples, Florida

Mailing Address

3838 Tamiami Trail N.  
Suite 300  
Naples, Florida

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/16/93

4. FEI Number  
65-0399014

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 3838 Tamiami Trail N.  
Suite, Apt. #, etc.

22 Suite 300  
City & State

23 Naples, FL 34103

24 34103 Country  
25 USA

2a. Mailing Address

26 3838 Tamiami Trail N.  
Suite, Apt. #, etc.

27 Suite 300  
City & State

28 Naples, FL 34103

29 34103 Country  
30 USA

9. Name and Address of Current Registered Agent

GOODMAN, KENNETH D.  
3838 Tamiami Trail North Suite 300  
Naples, Florida 34103

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
3838 Tamiami Trail North, Suite 300

83

84 City  
Naples, FL 85 Zip Code  
34103

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 DPST ☐ DELETE  
NAME Ottemoeller, Reinhard  
STREET ADDRESS 3838 Tamiami Trail, North Ste 300  
CITY-ST-ZIP Naples, Florida 34103

TITLE AS ☐ DELETE  
NAME Goodman, Kenneth D.  
STREET ADDRESS 3838 Tamiami Trail North Ste 300  
CITY-ST-ZIP Naples, Florida 34103

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 3838 Tamiami Trail North Ste 300  
1.4 CITY-ST-ZIP Naples, Florida 34103

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 3838 Tamiami Trail North Ste 300  
2.4 CITY-ST-ZIP Naples, Florida 34103

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 607, 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

Reinhard Ottemoeller

04/13/99

(941) 403-3000