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FILED  
Mar 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000012383 (2)

1. Corporation Name

RS - COSMOPOLITAN RESIDENCE, INC.



Principal Place of Business

Mailing Address

20 COSMOPOLITAN DRIVE  
UNIT #4  
LEHIGH ACRES FL 33936  
US

~~904 LEE BLVD  
UNIT #4  
LEHIGH ACRES FL 33936  
US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1995

4. FEI Number

65-0571954

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 or has paid the current year Intangible  
Personal Property Tax due June 30. Yes ☐ No ☒

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 20 Cosmopolitan Drive

27 Suite, Apt. #, etc.

27 Unit #4

28 City & State

28 Lehigh Acres, FL

29 Zip

29 33936

30 Country

30 USA

9. Name and Address of Current Registered Agent

BUTLER GAREY F.  
C/O HUMPHREY & KNOTT, PA  
1625 HENDRY ST.  
FT. MYERS FL 33901

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 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 PD  
NAME SCHROLL, ROBERT  
STREET ADDRESS 20 COSMOPOLITAN DRIVE, UNIT #4  
CITY-ST-ZIP LEHIGH ACRES FL ☒ DELETE

TITLE D VP  
NAME WITTMANN, WILHELM  
STREET ADDRESS 20 COSMOPOLITAN DRIVE UNIT #4  
CITY-ST-ZIP LEHIGH ACRES FL ☒ DELETE

TITLE S  
NAME JACOB, MAJEINA  
STREET ADDRESS 20 COSMOPOLITAN DRIVE UNIT #4  
CITY-ST-ZIP LEHIGH ACRES FL ☒ DELETE

TITLE T  
NAME WITTMANN, INGRID  
STREET ADDRESS 20 COSMOPOLITAN DRIVE, UNIT #4  
CITY-ST-ZIP LEHIGH ACRES FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME RS - Sunset Lake, Ltd  
STREET ADDRESS A Florida Limited Partnership  
CITY-ST-ZIP By: RS - Cosmopolitan Residence, Inc.  
A Florida Corporation, Its General Partner ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☒ Addition  
1.2 NAME Schroll, Robert F.X.  
1.3 STREET ADDRESS 20 Cosmopolitan Drive, Unit #4  
1.4 CITY-ST-ZIP Lehigh Acres, FL 33936

2.1 TITLE VP, T, S, D ☒ Change ☒ Addition  
2.2 NAME Jacob, Martina  
2.3 STREET ADDRESS 20 Cosmopolitan Drive, Unit #4  
2.4 CITY-ST-ZIP Lehigh Acres, FL 33936

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

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 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 have been 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 on an attachment with an address.

SIGNATURE

Printed Name

3/5/98

(901) 269-1710

CR2E034 (10/97)