


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000008075	
1. Entity Name REMINGTON PARCEL M HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 1420 E ROBINSON ST ORLANDO, FL 32801	Mailing Address 1420 E ROBINSON ST ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE



02012005 No Chg-NP CR2E037 (10/03)

4. FCI Number 57-1191188	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WEBB, JOHN L 1420 E ROBINSON ST ORLANDO, FL 32801
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WEBB, JOHN L 1420 E. ROBINSON ST ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TRAMELL, JOE B 1420 E. ROBINSON ST ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LUCAS, LARRY W 1420 E. ROBINSON ST ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: _____ *1/31/05* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #