


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

DO NOT WRITE IN THIS SPACE



02012005 No Chg-NP CR2E037 (10/03)

4. FEI Number
 57-1191188

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEBB, JOHN L
STREET ADDRESS	1420 E. ROBINSON ST
CITY- ST- ZIP	ORLANDO, FL 32801
TITLE	D
NAME	TRAMELL, JOE B
STREET ADDRESS	1420 E. ROBINSON ST
CITY- ST- ZIP	ORLANDO, FL 32801
TITLE	D
NAME	LUCAS, LARRY W
STREET ADDRESS	1420 E. ROBINSON ST
CITY- ST- ZIP	ORLANDO, FL 32801
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)(f), 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: _____ *[Signature]* **1/31/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #