
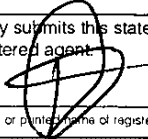



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90252 002 \*\*\*\*61.25

DOCUMENT # N04000002102					
1. Entity Name REMINGTON HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3810 NORTHDAL BLVD. SUITE 100 TAMPA FL 33624		Mailing Address <del>3810 NORTHDAL BLVD. SUITE 100 TAMPA FL 33624</del>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3549209</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  COTTERILL, RONALD E WETHERINGTON HAMILTON & HARRISON, P.A. 400 N. TAMPA ST, SUITE 2625 TAMPA FL 33602-4793			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL			FL		
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 		Ronald E Cotterill		4/8/05	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW: 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	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBLE, GARTH		NAME	Hank Johnson	
STREET ADDRESS	3810 NORTHDAL BLVD. SUITE 100		STREET ADDRESS	2880 Scherer Dr. n. # 840	
CITY-ST-ZIP	TAMPA FL 33624		CITY-ST-ZIP	St. Pete, FL 33716	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZUCHOWSKI, JOHN		NAME	Tim Heil	
STREET ADDRESS	3810 NORTHDAL BLVD. SUITE 100		STREET ADDRESS	2880 Scherer Dr. n # 840	
CITY-ST-ZIP	TAMPA FL 33624		CITY-ST-ZIP	St. Pete, FL 33716	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ROBERT		NAME	Bill Reak	
STREET ADDRESS	3810 NORTHDAL BLVD. SUITE 100		STREET ADDRESS	2880 Scherer Dr. n. # 840	
CITY-ST-ZIP	TAMPA FL 33624		CITY-ST-ZIP	St. Pete, FL 33716	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 empowered.					
SIGNATURE: 		Pres		4/15/05 (713) 907-0264	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	