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Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24890 (8)

1. Corporation Name

REMINGTON OAKS AT THE CROSSINGS HOMEOWNERS ASSOC
IATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 950455
LAKE MARY FL 32795-7455P.O. BOX 950455
LAKE MARY FL 32795-04553. Date Incorporated or Qualified
02/18/19883a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENERGY PROPERTY MANAGEMENT SERVICES INC
165 WEST STATE ROAD 434
WINTER SPRINGS FL 32708

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Anne H. Russell Anne H. Russell, President, Energy Prop. Mgmt. Serv. Inc. 2/19/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DST ☐ DELETE
NAME CAMP, CARMEN
STREET ADDRESS 2381 ROANOKE CT
CITY-ST-ZIP LAKE MARY FL1.1 TITLE DT ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME QUINN, AGNES J.
STREET ADDRESS 600 REMINGTON OAK DRIVE
CITY-ST-ZIP LAKE MARY FL2.1 TITLE DS ☐ Change ☒ Addition
2.2 NAME SUE TYLL
2.3 STREET ADDRESS 497 HARVEST OAK CT
2.4 CITY-ST-ZIP LAKE MARY, FL 32746TITLE DV ☐ DELETE
NAME PYE, PAT
STREET ADDRESS 2316 ROANOKE CT
CITY-ST-ZIP LAKE MARY FL3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE DP ☐ DELETE
NAME CRAMER, CHARLES
STREET ADDRESS 605 REMINGTON OAK DR
CITY-ST-ZIP LAKE MARY FL4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Cheryl TAYLOR
4.3 STREET ADDRESS 493 Harvest OAK CT
4.4 CITY-ST-ZIP LAKE MARY, FL 32746TITLE D ☒ DELETE
NAME STOVER, RICK
STREET ADDRESS 525 REMINGTON OAK DR
CITY-ST-ZIP LAKE MAY FL5.1 TITLE DV ☐ Change ☒ Addition
5.2 NAME J.R. Longsdorf
5.3 STREET ADDRESS 2206 BARKWOOD CT
5.4 CITY-ST-ZIP LAKE MARY, FL 32746TITLE D ☒ DELETE
NAME VAUGHN, LAURIE L
STREET ADDRESS 520 REMINGTON OAK DR
CITY-ST-ZIP LAKE MARY FL6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME Diana Fishbeck
6.3 STREET ADDRESS 591 Remington OAK Dr.
6.4 CITY-ST-ZIP LAKE MARY, FL 32746

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/97 407 327 5824
Date Daytime Phone # 0018614

CR2E037 (9/96)