


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

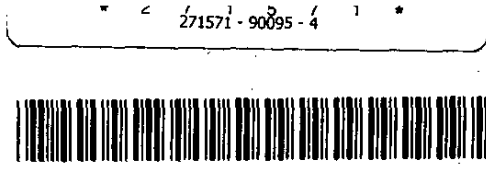
03-29-1999 90095 004 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N24890**

1. Corporation Name  
**REMINGTON OAKS AT THE CROSSINGS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business P.O. BOX 950455 LAKE MARY FL 32795-7455	Mailing Address P.O. BOX 950455 LAKE MARY FL 32795-7455
---	---



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified <b>02/18/1988</b>	4. FEI Number <b>59-3046242</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		

9. Name and Address of Current Registered Agent <b>ENERGY PROPERTY MANAGEMENT SERVICES INC 165 WEST STATE ROAD 434 WINTER SPRINGS FL 32708</b>	10. Name and Address of New Registered Agent 81 Name <b>EPM Services, Inc</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>165 West SR 434</b> 83 84 City <b>Winter Springs FL</b> 85 Zip Code <b>32708</b>
---	---

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 EPM Services Inc. 3/9/99  
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 NAME STREET ADDRESS CITY-ST-ZIP	TD CAMP, CARMEN 2381 ROANOKE CT LAKE MARY FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TYLL, SUE 497 HARVEST OAK COURT LAKE MARY FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PYE, PAT 2316 ROANOKE CT LAKE MARY FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WYNSMA, KEITH 565 REMINGTON OAK DRIVE LAKE MARY FL 32745 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LONGSDORFF, J. R. 2206 BARKWOOD COURT LAKE MARY FL 32746 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHBCK, DIANA 581 REMINGTON OAK DRIVE LAKE MARY FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 in an attachment with a address, with all other like empowered.

SIGNATURE: Katherine Harris SIGNATURE REQUIRED 3/9/99 4073275824  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)

ADDENDUM TO ANNUAL CORPORATE REPORT FORM

REMINGTON OAKS AT THE CROSSINGS HOMEOWNERS ASSOCIATION, INC.  
DOCUMENT #N24890  
59-3046242

271571-90095-4  
N24890

D  
BROWN, JEAN  
2317 ROANOKE COURT  
LAKE MARY, FL 32746

D  
DIBARTOLO, JERRY  
577 REMINGTON OAK DRIVE  
LAKE MARY, FLORIDA 32746

D/S  
GILBERT, BILL  
2273 GRANDTREE COURT  
LAKE MARY, FL 32746