

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90113 042 ****61.25

DOCUMENT # N24890
1. Entity Name
Remington Oaks at the Crossings Homeowners Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 941514
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 951415
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lake Mary FL
Zip 32746 Country USA

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Zip 32746 Country USA

4. FEI Number 59-3046242
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Todd Hoepker
Street Address (P.O. Box Number is Not Acceptable)
390 N. Orange Ave. Suite 180
City Orlando FL Zip Code 32802

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.

SIGNATURE Todd
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P/D</u> <u>Daniel R. O'Hara</u> <u>532 Remington Oak Dr.</u> <u>Lake Mary FL 32746</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V/D</u> <u>Susana Dragasavac</u> <u>533 Remington Oak Dr.</u> <u>Lake Mary FL 32746</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T/D</u> <u>Robert Monteserin</u> <u>645 Remington Oak Dr.</u> <u>Lake Mary FL 32746</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S/D</u> <u>Penny Pollack</u> <u>2325 Roanoke Ct.</u> <u>Lake Mary FL 32746</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>William Gilbert</u> <u>2273 Grand Tree Ct.</u> <u>Lake Mary FL 32746</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Diana Fishbeck</u> <u>581 Remington Oak Dr.</u> <u>Lake Mary FL 32746</u>

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel R. O'Hara

3-4-02

407-297-4691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)

Att.
Doc. #

N 24890/035159

Additional Director:

Title: D
Name: Keith Wynsma
St Address: 565 Remington Oaks Dr.
City-ST-Zip: Lake Mary, FL 32746