

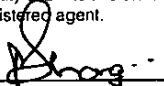
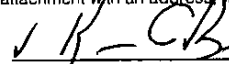


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90379 042 ****61.25

DOCUMENT # N24890					
1. Entity Name REMINGTON OAKS AT THE CROSSINGS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 915322 LONGWOOD, FL 32791		Mailing Address PO BOX 915322 LONGWOOD, FL 32791		00062100 	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02022006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-3046242 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NATIONAL ASSOCIATION MANAGEMENT CO. 165 WEST STATE ROAD 434 WINTER SPRINGS, FL 32708			7. Name and Address of New Registered Agent Name PALMERSTON, LLC Street Address (P.O. Box Number is Not Acceptable) 165 WEST STATE Road 434 City WINTER SPRINGS, FL Zip Code 32708		
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 		(NOTE: Registered Agent signature required when reinstating)		DATE 03/30/06	
Filing Fee is \$61.25 Due by May 1, 2006		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	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBBER, DAVID A		NAME	BREWER KEVIN	
STREET ADDRESS	2286 MILLTOWNE WAY		STREET ADDRESS	445 HARVEST OAK CT.	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNARD, ROBERT		NAME	JOHNSTON, HUBERT	
STREET ADDRESS	2321 ROANOKEE COURT		STREET ADDRESS	444 HARVEST OAK CT.	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, DAWN		NAME	STONE, MALISSA	
STREET ADDRESS	2373 ROANOKEE CT		STREET ADDRESS	453 HARVEST OAK CT.	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILBERT, WILLIAM C		NAME	MACKENZIE LISA	
STREET ADDRESS	2273 GRAND TREE CT		STREET ADDRESS	2348 ROANOKEE CT.	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAY, SANDRA		NAME	WHITECAVAGE, CHARLOTTE	
STREET ADDRESS	661 REMINGTON OAK DR		STREET ADDRESS	2253 GRAND TREE CT.	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	D	<input checked="" type="checkbox"/> Addition	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAY WILLARD		NAME	TORENVLIED, ERIK	
STREET ADDRESS	661 REMINGTON OAK DR		STREET ADDRESS	2312 ROANOKEE CT.	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	LAKE MARY, FL 32746	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date 3-27-06		Daytime Phone # 409 328 2188	