2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006921

Country

6. Name and Address of Current Registered Agent

Stonature, typed or printed name of registered agent and title it applicable

OFFICERS AND DIRECTORS

Zip

SIGNATURE

10.

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CJTY-ST-ZJF

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

REMINGTON AT KINGS RIDGE HOMEOWNERS ASSOCIATION,

Principal Place of Business

Mailing Address

2180 WEST SR 434. SUITE 5000 LONGWOOD FL 32779-5044

HART, JAMES W JR. SENTRY MANAGEMENT, INC. 2180 WEST SR 434, SUITE 5000

LONGWOOD FL 32779-5044

FILE NOW:

FEE IS \$61.25

HACKER, E. BING

LUNKO, DONALD

STD

1900 KINGS RIDGE BLVD.

1900 KINGS RIDGE BLVD.

SODERMARK, CHRISTINE

1900 KINGS RIDGE BLVD.

CLERMONT FL 34711

CLERMONT FL 34711

CLERMONT FL 34711

2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779

Country

Name

City

11.

TITLE

TITLE

NAME

NAME

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NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

9. Election Campaign Financing

Trust Fund Contribution,

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Delete

☐ Delete

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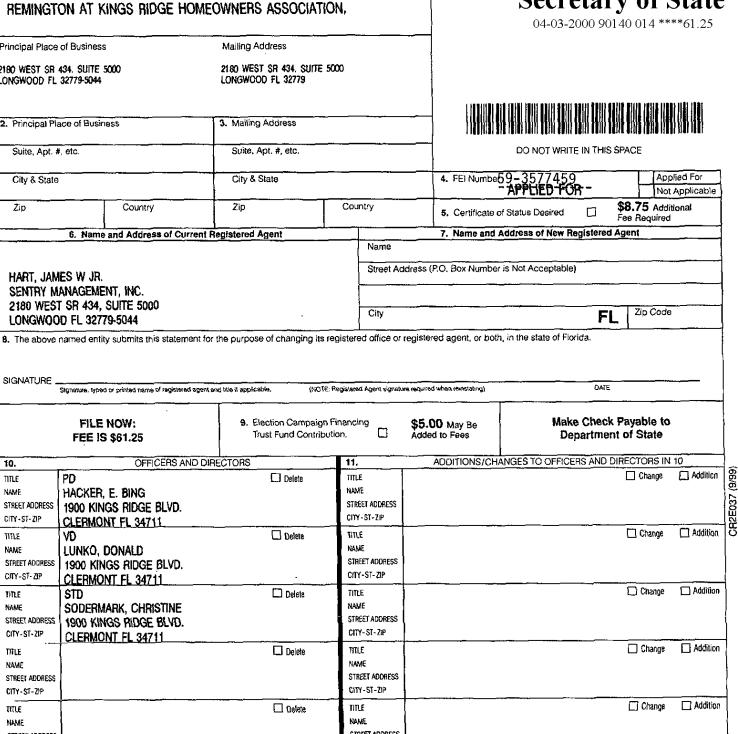
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

2ip

4/3/(

May 15, 2000 8:00 am Secretary of State



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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

355-242-1192

Change

☐ Addition

Dayline Phone #

Date