2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9800006921

REMINGTON AT KINGS RIDGE HOMEOWNERS ASSOCIATION.

Principal Place of Business

Mailing Address

2180 WEST SR 434. SUITE 5000

2180 WEST SR 434, SUITE 5000

LONGWOOD FL 32779-5044			LONGWOOD FL 32779-5044				}		טטט	OOMOU	1		
2. Principal f	Place of Busir	ness	3. Mailing Address										
Suite, Apt	. #, etc.		Suite, Apt. #, etc.				_	DO NOT WR					
City & State			City & State					4. FEI Number Applied For					
			<u> </u>					59-3577459			Not Applicable		
Zip Country			Zip		Cou	Country		5. Certificate of	f Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Current F	Registered A	gent				7. Name and	Address of New	Registered	Agent]
						Name							İ
	MES W JR.					Street Address (P.O. Box Number is Not Acceptable)							
SENTRY MANAGEMENT, INC. 2180 WEST SR 434, SUITE 5000]
	OD FL 3277				Ī	City				FL	Zip Cod	е	1
8. The above	e named entit	y submits this statement for	the purpose	of changing its r	egistere	d office o	or register	red agent, or both	, in the state of FI	orida.	.		1
SIGNATURE		or printed name of registered agent a	nd title if applicable	, (NOTE:	Boolstoren	Agent nigne	there consider	t when reinstating)		DATE			
	Signature, typeu	or printed traine or registered again a	па все паррисари	s. (NOTE.	negistered	Agent signs	roie requied	a wilett tellistatilig)		DATE			-
FILE NOW: FEE IS \$61.25			9. Election Campaign Fi				_				ke Check Payable to		
				Trust Fund Co	ontributio	on.		Added to Fees		Departme	nt of State		
10.		OFFICERS AND DIR	ECTORS		11.			ADDITIONS/CHA	NGES TO OFFICE	RS AND DI	RECTORS IN		_ ا
TITLE	PD			☐ Delete							☐ Change	Addition.	10/0/
STREET ADDRESS HACKER, E. BING 1960 KINGS RIDGE BLVD.					NAME STREE	T ADDRESS		•					
CITY-ST-ZIP	1900 KINGS RIDGE DEVD.					ST-ZIP							CROE037
TITLE	VPD°:			Delete	TITLE		۷D				☐ Change	X Addition	3
NAME CLARK, KEVIN STREET ADDRESS 1035 S SEMORAN BLVD BLDG 2 STE 1031					NAME		HUNTI	FER, HAL					
CITY-ST-ZIP		ARK FL 32792	SIE 1031	1 L 1001				O KINGS RIDGE BLVD. RMONT, FL 34711					1
TITLE	STD	STD		☐ Delete	TITLE		J. L. L. I. M	LIMITE OF THE	21711		XX Change	Addition	1
NAME	SELLERS, JEFF 1110 DOUGLAS AVE STE 2040 ALTAMONTE SPRINGS FL 32714		NAME			LEGENDAR'							
STREET ADDRESS CITY-ST-ZIP						T ADDRESS ST-ZIP	CLERI	RMONT, FL 34711					
TITLE	ALIANON	IL OF MIRCO IL 327 14		☐ Delete	TITLE						☐ Change	Addition	1
NAME					NAME								
STREET ADDRESS CITY-ST-ZIP						T ADDRESS ST-ZIP							
TITLE				☐ Delete	TITLE						☐ Change	☐ Addition	1
NAME CTREET ADDRESS					NAME								
STREET ADDRESS CITY-ST-ZIP					CITY-:	T ADDRESS ST-ZIP							
TITLE	 	<u>. </u>		☐ Delete	TITLE			·			☐ Change	Addition	1
NAME STREET ADDRESS					NAME	T ADDDECC							

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

EOPHRO) R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED

Z-28-02

Daytime Phone #

FILED

May 06, 2002 8:00 am Secretary of State

05-06-2002 90243 045 ****61.25