Certificate of Status Desired: No

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	E: JAMES MORDAUNT			02/28/2024
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	DIRECTOR	Title	SECRETARY, VP	
Name	DUGAN, PEGGY	Name	SACHS, EDWARD	
Address	1035 COLLIER CENTER WAY #7	Address	1035 COLLIER CENTER WAY #7	
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110	
Title	DIRECTOR	Title	TREASURER	
Name	WALSH, BILL	Name	STELZER, JOHN	
Address	1035 COLLIER CENTER WAY #7	Address	1035 COLLIER CENTER WAY #7	
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110	
Title	PRESIDENT			
Name	NEWTON , ROBERT			
Address	1035 COLLIER CENTER WAY #7			
City-State-Zip:	NAPLES FL 34110			

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT NEWTON

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400009524

Entity Name: REMINGTON RESERVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1035 COLLIER CENTER WAY #7 NAPLES, FL 34110

PRESIDENT

02/28/2024

FILED Feb 28, 2024 Secretary of State 4880899667CC

Date