

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002247

Entity Name: REMINGTON MASTER HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 24, 2014
Secretary of State
CC8471930740**Current Principal Place of Business:**225 S WESTMONTE DR
STE #3310
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**PO BOX 162147
ALTAMONTE SPRINGS, FL 32716 US**FEI Number: 59-3454489****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VISTA COMMUNITY ASSOCIATION MANAGEMENT
225 S WESTMONTE DR
#3310
ALTAMONTE SPRINGS, FL 32714 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	CZARKOWSKI, JOSEPH
Address	PO BOX 162147
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	TREASURER
Name	TIPPIE, MATT
Address	PO BOX 162147
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	DIRECTOR
Name	PSARSKI, MATT
Address	PO BOX 162147
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	DIRECTOR
Name	ABILES , BEN
Address	PO BOX 162147
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	SECRETARY
Name	BAKER, KAREN
Address	PO BOX 162147
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	VP
Name	HURLEY, LARRY
Address	PO BOX 162147
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	DIRECTOR
Name	BOUCHER, WANDA
Address	PO BOX 162147
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	DIRECTOR
Name	BOWLES, CHASSIDY
Address	PO BOX 162147
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

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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: JOSEPH CZARKOWSKI**PRESIDENT****04/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BENSON-VALDES, JAMES
Address	PO BOX 162147
City-State-Zip:	ALTAMONTE SPRINGS FL 32716