

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000509

FILED
Apr 27, 2005
Secretary of State

Entity Name: REMINGTON NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

10033 NINTH STREET N
SECOND FLOOR
ST PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

10033 NINTH STREET N
SECOND FLOOR
ST PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 59-3625859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMPART PTROPERTIES, INC
10033 NINTH STREET N
SECOND FLOOR
ST PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PARRINO, CRAIG
Address: 10033 NINTH STREET N
City-St-Zip: ST PETERSBURG, FL 33716

Title: VPD () Delete
Name: YOUNG, JAMIE
Address: 10033 NINTH STREET N
City-St-Zip: ST PETERSBURG, FL 33716

Title: TD (X) Delete
Name: JETMORE, CINDY
Address: 10033 NINTH STREET N
City-St-Zip: ST PETERSBURG, FL 33716

Title: SD () Delete
Name: BEIERLEIN, CINDY
Address: 10033 NINTH STREET N
City-St-Zip: ST PETERSBURG, FL 33716

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CRAIG PARRINO

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date