

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003063

FILED
Mar 10, 2009
Secretary of State

Entity Name: REMINGTON OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7052 REMINGTON OAKS LOOP
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

PO BOX 91
KATHLEEN, FL 33849

New Mailing Address:

FEI Number: 59-3727524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKILLIP, MICHAEL R
7052 REMINGTON OAKS LOOP
LAKELAND, FL 33810 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: D () Delete
Name: LEWANDOWSKI, SHIRLANN
Address: 7257 REMINGTON OAKS DR
City-St-Zip: LAKELAND, FL 33810

Title: DP () Delete
Name: MCKILLIP, MICHAEL
Address: 7052 REMINGTON OAKS LP
City-St-Zip: LAKELAND, FL 33810

Title: DT () Delete
Name: PRICE, CHRIS
Address: 7105 REMINGTON OAKS LP
City-St-Zip: LAKELAND, FL 33810

Title: DS () Delete
Name: BECKER, G
Address: 7004 REMINGTON OAKS LP
City-St-Zip: LAKELAND, FL 33810

Title: DVP () Delete
Name: SUMOZA, MOISES
Address: 7213 REMINGTON OAKS DRIVE
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LEWANDOWSKI, SHIRLIANN
Address: P. O. BOX 91
City-St-Zip: KATHLEEN, FL 33849

Title: DVP (X) Change () Addition
Name: MCKILLIP, MARY
Address: P. O. BOX 91
City-St-Zip: KATHLEEN, FL 33849

Title: DT (X) Change () Addition
Name: BAXTER, JEFF
Address: P. O. BOX 91
City-St-Zip: KATHLEEN, FL 33849

Title: DS (X) Change () Addition
Name: BECKER, GINNY
Address: P. O. BOX 91
City-St-Zip: KATHLEEN, FL 33849

Title: D (X) Change () Addition
Name: NANCE, SHARONROSE
Address: P. O. BOX 91
City-St-Zip: KATHLEEN, FL 33849

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL MCKILLIP

RA

03/10/2009

Electronic Signature of Signing Officer or Director

_____ Date