

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 21, 2006 8:00 am
Secretary of State

05-04-2006 90204 004 ****61.25

DOCUMENT # N04000002102 1. Entity Name REMINGTON HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 3810 NORTHDAL BLVD. SUITE 100 TAMPA, FL 33624		Mailing Address 3810 NORTHDAL BLVD. SUITE 100 TAMPA, FL 33624	
2. Principal Place of Business 2870 Scherer Drive, N Suite, Apt. #, etc. 100		3. Mailing Address 2870 Scherer Drive, N Suite, Apt. #, etc. 100	
City & State St. Petersburg, FL		City & State St. Petersburg, FL	
Zip 33716		Zip 33716	
Country USA		Country USA	
4. FEI Number 59-3549209		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COTTERILL, RONALD E WETHERINGTON HAMILTON & HARRISON, P.A. 400 N. TAMPA ST, SUITE 2625 TAMPA, FL 33602-4793		7. Name and Address of New Registered Agent Name Ronald E. Cotterill Street Address (P.O. Box Number is Not Acceptable) Wetherington, Hamilton 1010 N. Florida Avenue City Tampa FL Zip Code 33602	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Ronald E. Cotterill</i></u> DATE <u>4-13-06</u> Signature, typed or printed name of registering agent and office if applicable. (NOT a registered agent signature required when re-registering)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME JOHNSON, HANK STREET ADDRESS 2880 SCHERER DR N #840 CITY-ST-ZIP SAINT PETERSBURG, FL 33716	☒ Delete	TITLE President NAME Tim Sheil STREET ADDRESS 5347 Lookout Pass CITY-ST-ZIP Wesley Chapel, FL 33514	☐ Change ☒ Addition
TITLE V NAME SHESL, TIM STREET ADDRESS 2880 SCHERER DR N #840 CITY-ST-ZIP SAINT PETERSBURG, FL 33716	☒ Delete	TITLE Vice President NAME Lou Maddaloni STREET ADDRESS 5324 Lookout Pass CITY-ST-ZIP Wesley Chapel, FL 33514	☐ Change ☒ Addition
TITLE ST NAME BEAK, BILL STREET ADDRESS 2880 SCHERER DR N #840 CITY-ST-ZIP SAINT PETERSBURG, FL 33716	☒ Delete	TITLE Treasurer NAME Leigh Griffin STREET ADDRESS 2870 Scherer Drive, N, St. 100 CITY-ST-ZIP St. Petersburg, FL 33716	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Secretary NAME Joyce Stannson STREET ADDRESS 5407 Lookout Pass CITY-ST-ZIP Wesley Chapel, FL 33514	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Director NAME Yicki Wrobel STREET ADDRESS 5320 Lookout Pass CITY-ST-ZIP Wesley Chapel, FL 33514	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
SIGNATURE: <u><i>Tim Sheil</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/17/06</u> Daytime Phone # <u>813-929-1663</u>	