

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90016 044 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N04000002102</b> 1. Entity Name <b>REMINGTON HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>2870 SCHERER DRIVE N 100 SAINT PETERSBURG, FL 33716</b>		Mailing Address <b>2870 SCHERER DRIVE N 100 SAINT PETERSBURG, FL 33716</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc	
City & State -- Zip --      Country		City & State Zip --      Country	
4. FEI Number <b>59-3549209</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>COTTERILL, RONALD E WETHERINGTON HAMILTON &amp; HARRISON, P.A. 1010 N. FLORIDA AVENUE TAMPA, FL 33602</b>		7. Name and Address of New Registered Agent Name <b>Anne M Malley</b> Street Address (P.O. Box Number is Not Acceptable) <b>1230 S. Myrtle Ave Ste 105</b> City <b>Clearwater FL</b> Zip Code <b>33756</b>	
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 <small>Signature typed or printed name of registered agent, and title if applicable</small>		Anne M Malley <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEIL, TIM 5347 LOOKOUT PASS WESLEY CHAPEL, FL 33544 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, HAROLD 5442 LOOKOUT PASS WESLEY CHAPEL, FL 33544 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JEAN JARIS 5310 LOOKOUT PASS Wesley Chapel, FL 33544 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEY, MIKE 5819 WAR ADMIRAL DR WESLEY CHAPEL, FL 33544 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWANSON, JOYCE 5407 LOOKOUT PASS WESLEY CHAPEL, FL 33544 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S William Slippy 5334 Lookout Pass Wesley Chapel, FL 33544 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WROBEL, VICKI 5407 LOOKOUT PASS WESLEY CHAPEL, FL 33544 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Myrna Seigel 5401 Lookout Pass Wesley Chapel, FL 33544 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Tim Sheil <small>Date</small>	
4-22-08		727-299-9535 <small>Daytime Phone #</small>	