

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 A
Secretary of State

DOCUMENT # N20787

1. Entity Name
**REMINGTON GREEN PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**C/O DOUGLAS M. CROLEY
2814 REMINGTON GREEN CIR
TALLAHASSEE, FL 32308 US**

Mailing Address
**2814 REMINGTON GREEN CIR
TALLAHASSEE, FL 32308 US**



01032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2977115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CROLEY, DOUGLAS M
2814 REMINGTON GREEN CIRCLE
TALLAHASSEE, FL 32308**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	CROLEY, DOUGLAS M
STREET ADDRESS	2814 REMINGTON GREEN CR
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	S
NAME	MOODY, HARACE
STREET ADDRESS	28233 REMINGTON GREEN CIR
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	P
NAME	MITCHELL, JOE
STREET ADDRESS	2851 REMINGTON GREEN CT STE D
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	BASS, ROBERT
STREET ADDRESS	2822 REMINGTON GREEN CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	LECHTMAN, JAN
STREET ADDRESS	2868 REMINGTON GREEN CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-07

Date

850-386-1922

Daytime Phone #