

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20787

FILED  
Apr 24, 2009  
Secretary of State

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

**Current Principal Place of Business:**

C/O DOUGLAS M. CROLEY  
2814 REMINGTON GREEN CIR  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

2814 REMINGTON GREEN CIR  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

**FEI Number:** 59-2977115

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CROLEY, DOUGLAS M  
2814 REMINGTON GREEN CIRCLE  
TALLAHASSEE, FL 32308 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: DT ( ) Delete  
Name: CROLEY, DOUGLAS M  
Address: 2814 REMINGTON GREEN CR  
City-St-Zip: TALLAHASSEE, FL

Title: VP ( ) Delete  
Name: MITCHELL, GUY  
Address: 2851 REMINGTON GREEN CIR STE D  
City-St-Zip: TALLAHASSEE, FL 32308

Title: P ( ) Delete  
Name: MITCHELL, JOE  
Address: 2851 REMINGTON GREEN CT STE D  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: BASS, ROBERT  
Address: 2822 REMINGTON GREEN CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete  
Name: LECHTMAN, JAN  
Address: 2868 REMINGTON GREEN CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: S ( ) Delete  
Name: CAPELOUTE, RAYMOND  
Address: 700 CAPITAL CIR NE  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: FARMER, GUY  
Address: 2851 REMINGTON GREEN CIR STE D  
City-St-Zip: TALLAHASSEE, FL 32308

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 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: DOUGLAS M. CROLEY

TRES

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date