2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# N24781

Entity Name: REMINGTON PARK HOMEOWNERS' ASSOCIATION OF SEMINOLE COUNTY, INC.

Current Principal Place of Business:

2180 WEST SR 434
STE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

735 PRIMERA BLVD.
STE 110
LAKE MARY, FL 32746 US

Current Mailing Address:

2180 WEST SR 434
STE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

735 PRIMERA BLVD.
STE 110
LAKE MARY, FL 32746 US

FEI Number: 59-2911299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PREMIER PROPERTY MGMT OF CFL, INC.
735 PRIMERA BLVD.
STE 110
LAKE MARY, FL 32746 US

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: GINA N. HOLBROOK 07/07/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JENNISON, KIM
Address: 433 WILMINGTON CIR
City-St-Zip: OVIEDO, FL 32765

Title: VPD ( ) Delete
Name: MEYER, BONITA
Address: 2805 TRENTON LN
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: SINGER, MITCHELL
Address: 2858 CHPELWOOD CT
City-St-Zip: OVIEDO, FL 32765

Title: TD ( ) Delete
Name: FROEHLICH, BILL
Address: 2813 TRENTON LN
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: BAKER, FRANIX
Address: 454 HAVELOC COVE
City-St-Zip: OVIEDO, FL 32765

Title: SD ( ) Delete
Name: STEPHANIE, WATTS
Address: 461 WILMINGTON CIR
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: KIM JENNISON PRE 07/07/2008
Electronic Signature of Signing Officer or Director Date