


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90271 018 ****61.25

DOCUMENT # N24890 1. Entity Name REMINGTON OAKS AT THE CROSSINGS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 915322 LONGWOOD, FL 32791			Mailing Address PO BOX 915322 LONGWOOD, FL 32791		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3046242	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NATIONAL ASSOCIATION MANAGEMENT CO 165 WEST STATE ROAD 434 WINTER SPRINGS, FL 32708				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD WEBBER, DAVID A 2286 MILLTOWNE WAY LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DENNARD, ROBERT 2321 ROANOKEE COURT LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, DAWN 2373 ROANOKEE CT LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COHEN, WARREN 453 HARVEST OAK COURT LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAM C. GILBERT 2273 GRAND TREE COURT LAKE MARY, FL 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKETTS, NORMA 689 REMINGTON OAK DRIVE LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDRA DAY 661 REMINGTON OAK DR. LAKE MARY, FL 32746	
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 exemption stated in Section 119.07(3)(i), 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>William C. Gilbert</u> Date <u>4-14-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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