2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# N24890

Entity Name: REMINGTON OAKS AT THE CROSSINGS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

390 WEST STATE RD. 434
SUITE 203
LONGWOOD, FL 327504977

New Principal Place of Business:

Current Mailing Address:

PO BOX 197043
WINTER SPRINGS, FL 32719

New Mailing Address:

FEI Number: 59-3046242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALMERSTON, LLC
390 WEST S.R. 434 STE.203
LONGWOOD, FL 327504977 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:	P	( ) Delete
Name:	BREWER, KEVIN	
Address:	445 HARVEST OAK CT	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	V	( ) Delete
Name:	JOHNSON, HUBERT	
Address:	444 HARVEST OAK CT	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	T	( ) Delete
Name:	STONE, MALISSA	
Address:	453 HARVEST OAK CT	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	S	( ) Delete
Name:	MACKENZIE, LISA	
Address:	2348 ROANOKE CT	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	D	( ) Delete
Name:	WHITECAVAGE, CHARLOTTE	
Address:	2253 GRAND TREE CT	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	D	(X) Delete
Name:	TORENVLIED, ERIK	
Address:	2312 ROANOKE CT	
City-St-Zip:	LAKE MARY, FL 32746	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	FORBES, DAVID	
Address:	456 HARVEST OAK CT	
City-St-Zip:	LAKE MARY, FL 32746	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	DAY, WILLARD	
Address:	661 REMINGTON OAK DRIVE	
City-St-Zip:	LAKE MARY, FL 32746	
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: KEVIN BREWER P 03/11/2009

Electronic Signature of Signing Officer or Director — Date