

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90314 023 ****61.25

DOCUMENT # N95000001702					
1. Entity Name THE VILLAGE OF REMINGTON HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 190 NORTH WESTMONTE DRIVE #100 ALTAMONTE SPRINGS, FL 32714 US			Mailing Address 190 NORTH WESTMONTE DRIVE #100 ALTAMONTE SPRINGS, FL 32714 US		
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 59-3342863	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAMPBELL, MARILYN C 190 N WESTMONTE DR., STE 100 ALTAMONTE SPRINGS, FL 32714			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)</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 V	NAME GOODRUM, JOHN		TITLE T/D	NAME RICHARD HARMON	
STREET ADDRESS 2968 JOSEPH CIRCLE	CITY-ST-ZIP OVIEDO, FL 32765		STREET ADDRESS 2909 JOSEPH CIRCLE	CITY-ST-ZIP OVIEDO FL 32765	
TITLE SD	NAME RASH, LARRY		TITLE D	NAME LISA BRIDGES	
STREET ADDRESS 2896 JOSEPH CIR	CITY-ST-ZIP OVIEDO, FL 32765		STREET ADDRESS 2987 JOSEPH CIRCLE	CITY-ST-ZIP OVIEDO FL 32765	
TITLE PD	NAME GUNDY, CYNDI		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 2897 JOSEPH CIR	CITY-ST-ZIP OVIEDO, FL 32765		Change Addition		
TITLE VP	NAME ORTIZ, GLORIA		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 2789 JOSEPH CIR.	CITY-ST-ZIP OVIEDO, FL 32765		Change Addition		
TITLE TD	NAME GILLAN, JOCELYN		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 2819 JOSEPH CIR	CITY-ST-ZIP OVIEDO, FL 32765		Change Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
Delete			Change 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: <i>Cynthia B. Gundy</i>			4-14-05 407 694-7736		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		