

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001702

FILED
Mar 30, 2009
Secretary of State

Entity Name: THE VILLAGE OF REMINGTON HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

860 NORTH S.R. 434
SUITE 1009
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

2915 JOSEPH CR
OVIEDO, FL 32765 US

Current Mailing Address:

860 NORTH S.R. 434
SUITE 1009
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 59-3342863 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CAMPBELL MARILYN
860 NORTH S.R. 434
ALTAMONTE SPRINGS, FL 32714 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: VP () Delete
Name: CHANDRA, SHANAHAN
Address: 2836 JOSEPH CR.
City-St-Zip: OVIEDO, FL 32765

Title: P () Delete
Name: RIFKIN, STEVE
Address: 2915 JOSEPH CR.
City-St-Zip: OVIEDO, FL 32765

Title: ST () Delete
Name: ROSECRANS, DEANA
Address: 1051 UNIVERSITY BLVD.
City-St-Zip: ORLANDO, FL 32817

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: CHANDRA, SHANAHAN
Address: 2836 JOSEPH CR.
City-St-Zip: OVIEDO, FL 32765 US

Title: P (X) Change () Addition
Name: RIFKIN, STEVE
Address: 2915 JOSEPH CR.
City-St-Zip: OVIEDO, FL 32765 US

Title: T (X) Change () Addition
Name: PERDUE, SHIRLEY
Address: 2831 JOSEPH CR.
City-St-Zip: OVIEDO, FL 32765 US

Title: S () Change (X) Addition
Name: SCHROEDER, BRANT
Address: 2957 JOSEPH CR.
City-St-Zip: OVIEDO, FL 32765 US

Title: D () Change (X) Addition
Name: GUNDY, CYNTHIA
Address: 2897 JOSEPH CR.
City-St-Zip: OVIEDO, FL 32765 US

Title: MGR () Change (X) Addition
Name: RUSSELL, MIRIAM A MGR
Address: 860 NORTH S.R. 434, SUITE 1009
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: MIRIAM A. RUSSELL

MGR

03/30/2009

Electronic Signature of Signing Officer or Director

Date