FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mörtham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

N96000002249 (8)

REMINGTON TRACT 1-E HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address 545 DELANEY AVENUE 545 DELANEY AVENUE Building 6 BUILDING 6 ORLANDO FL 32806 ORLANDO FL 32801-3866 3. Date Incorporated or Qualified 04/22/1996 3a. Date of Last Report 4. FEI Number 3454790 2. Principal Place of Business 2a. Mailing Address Applied For Some Same a pove 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Žip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WEBB, JOHN L 82 Street Address (P.O. Box Number is Not Acceptable) 545 DELANEY AVENUE **BUILDING 6** 83 -ORLANDO FL 32806 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) TITLE DELETE 1.1 TITLE ☐ Change Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP RY WAS - PRESIDENTED DELETE TITLE Change Addition 2.1 TITLE NAME 2.2 NAME WINFINE CT STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP - DELETE TITLE 3.1 TITLE Change Addition NAME N RO CORAND 3.2 NAME STREET ADDRESS **33 STREET ADDRESS** DRINGE R 32804 CITY-ST-ZIP 3.4. CITY - ST - ZIP John L. Webb - Director DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME 1312 Country Lane STREET ADDRESS 4.3 STREET ADDRESS Orlando, FL CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE ☐ Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

14. Ido 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an exactment with an address. attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

DELETE

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FILED

Jul 25 1997 8:00am

Secretary of State