


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002249 (8)**

1. Corporation Name

REMINGTON TRACT 1-E HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 545 DELANEY AVENUE BUILDING 6 ORLANDO FL 32806	Mailing Address 545 DELANEY AVENUE BUILDING 6 ORLANDO FL 32806
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2. Principal Place of Business 21 2699 Remington Blvd. Suite, Apt. #, etc. 22 City & State 23 Kissimmee, FL Zip 24 34744	2a. Mailing Address 25 2699 Remington Blvd. Suite, Apt. #, etc. 26 City & State 27 Kissimmee, FL Zip 28 34744 Country 29 Osceola
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3. Date Incorporated or Qualified 04/22/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3454790	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WEBB, JOHN L 545 DELANEY AVENUE BUILDING 6 ORLANDO FL 32806	
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81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida 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 Florida. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEAS, LARRY		1.2 NAME	
STREET ADDRESS 8001 WINPINE CT.		1.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32809		1.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TRAMEW, JOE B		2.2 NAME	
STREET ADDRESS 720 N. RIO GRAND AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32804		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEBB, JOHN L		3.2 NAME	
STREET ADDRESS 1312 COUNTRY LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32804		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 attachment with an address.

SIGNATURE: *L. Lucas* **L. Lucas** 3-17-98 407-344-8835

CR2E037 (10/97)