FILE NOW: FILING FEE IS \$61.25

 NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N96000002251 (4)

REMINGTON TRACT 1-F HOMEOWNERS ASSOCIATION, INC

FILED
Apr 16 1998 8:00am
Secretary of State

1 JETAIN A	STOR TRACT IT HOMEON	NENS ASSOCIATION, INC.		
Principal Place of Business		Mailing Address		ı reditindi ese sesta adısı adısı adısı datıli datılı datılı tıdığı bidat atıldı sadı
S4S DELANEY AVENUE BUILDING 6 ORLANDO FL 32806		545 DELANEY AVENUE BUILDING 6 ORLANDO FL 32806		3. Date Incorporated or Qualified 04/22/1996 4. FEI Number Applied For 59-3454702 Not Applicable
2. Principal Place of Business 21 2699 Remington Blvd. Suite, Apt. #, etc.		28. Mailing Address 26. 2699 Remingt Suite, Apt. #, etc.	on Blyd	5. Certificate of Status Desired Sta
22		27		Trust Fund Contribution Added to Fees
	immee, FL 34744	City & State 28 Kissimmee, F		
Zip 24 34744	Country 25 Osceola 9. Name and Address of Current	29 34744 30	Osceola	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
			81 Name	
WEBB, JOHN L 645 DELANEY AVENUE			82 Street A	ddress (P.O. Box Number is Not Acceptable)
BUILDING 6			83	
ORLANDO FL 32806			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				
12.	Signature, typed or printed name of registered agen OFFICERS AND			equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		TITLE	Change Addition
NAME	LUCAS, LARRY W	1.2	NAME	
STREET ADDRESS	8001 WINPINE CT.	1.3	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP	
TITLE	VPD	DELETE 2.1	TITLE	Change Addition
NAME STREET ADDRESS	TRAMELL, JOE B 720 N. RIO GRANDE	21	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804		CITY-ST-ZIP	
TITLE	D		TITLÉ	Change Addition
NAME	WEBB, JOHN L	3.2	NAME	
STREET ADDRESS	1312 COUNTRY LANE		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804		CITY-ST-ZIP	☐ Change ☐ Addition
TITLE Name			TITLE	L diverge L Advision
STREET ADDRESS	II	E	STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		DELETE 5.1	TITLE	Change Addition
NAME		5.2	NAME	/h (//)
STREET ADDRESS		L L	STREET ADDRESS	7/17/1//
CITY-ST-ZIP			CITY-ST-ZIP TITLE	Addition Addition
title (<u></u>	NAME	8000024919146Aangs D Addition] -04/17/9801029003

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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Plan

L. Kunnes

3-17-98 4

4-07-3448835