

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90171 041 ****61.25



DOCUMENT # 752465
1. Entity Name
THE REGENCY OF ST. PETERSBURG, INC.

Principal Place of Business Mailing Address
**SEABOARD ARBORS MGMT
2189 CLEVELAND STREET STE 225
CLEARWATER FL 33765** **SEABOARD ARBORS MGMT
2189 CLEVELAND STREET STE 225
CLEARWATER FL 33765**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



1st MOORE CR2E037 (10/05)

4. FEI Number Applied For
59-2134404 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LEIGHTON, LENNARD A
C/O SEABOARD ARBORS MGMT
2189 CLEVELAND STREET STE 225
CLEARWATER FL 33765**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	BRUZZICHESI, PHILIP	
STREET ADDRESS	1860 MASSACHUSETTS AVE NE #221	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMYTH, WALTER G	
STREET ADDRESS	4853 VENETIAN PLACE NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BUTLER, HELEN	
STREET ADDRESS	1860 MASSACHUSETTS AVE NE #101	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMYTH, MADELINE G	
STREET ADDRESS	4853 VENETIAN PLACE NE	
CITY-ST-ZIP	ST PETERBURG FL 33703	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DICK, SUSAN	
STREET ADDRESS	1860 MASSACHUSETTS AVE NE #310	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALFIERI, A. WAYNE	
STREET ADDRESS	1936 JEFORDS STREET	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Madelaine G Smyth* 2/13/06 727-522-1146