

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H07210 (8)

1. Corporation Name
REGENCY HEIGHTS HOMEOWNERS, INC.



Principal Place of Business
C/O DORIS HERBERT
LOT 491
CLEARWATER FL 34621
US

Mailing Address
2550 STATE ROAD 580
LOT #491
CLEARWATER FL 34621-2081
US

3. Date Incorporated or Qualified
08/08/1984

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 ANSLEY CUMMINS
Suite, Apt. #, etc.
22 LOT # 293
City & State
23 CLEARWATER FL
Zip
24 34621

2a. Mailing Address
25 2550 STATE ROAD 580
Suite, Apt. #, etc.
26 LOT # 293
City & State
27 CLEARWATER FL
Zip
28 34621

Country
29 USA
30 USA

4. FEI Number
59-2419534

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HERBERT, DORIS
2550 STATE ROAD 580
LOT #491
CLEARWATER FL 34621

10. Name and Address of New Registered Agent
81 Name
ANSLEY CUMMINS
82 Street Address (P.O. Box Number is Not Acceptable)
2550 STATE ROAD 580
83 LOT # 293
84 City
CLEARWATER FL 85 Zip Code
34621

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Ansley Cummins* ANSLEY CUMMINS TREASURER 5/16/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	HUPPMAN, JOSEPH	
STREET ADDRESS	2550 STATE RD. 580, LOT #372	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	RICKETTS, CHARLES	
STREET ADDRESS	2550 STATE RD. 580, LOT #259	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HERBERT, DORIS	
STREET ADDRESS	2550 S R 580 E #491	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	CUMMINS, ANSLEY	
STREET ADDRESS	2550 STATE RD. 580, LOT #283	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAYNOR, ELEANOR	
STREET ADDRESS	2550 STATE RD. 580, LOT #438	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRELAND, CHARLES	
STREET ADDRESS	2550 STATE RD. 580, LOT #267	
CITY-ST-ZIP	CLEARWATER FL 34621	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S/D FAYE SCHUCH
3.3 STREET ADDRESS	2550 STATE ROAD 580 LOT 351
3.4 CITY-ST-ZIP	CLEARWATER FL 34621
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ansley Cummins* ANSLEY CUMMINS 5/16/97 813-797-6384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)

PLEASE BE ADVISED THAT THERE IS 1
ADDITIONAL DIRECTOR FOR WHICH NO
ROOM IS ON YOUR FORM:

D

ROBERT CRAIG

2550 STATE ROAD 580 LOT # 266

CLEARWATER FL 34621