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Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N15033 (6)

1. Corporation Name

REGENCY ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

48 N.E. 56TH TER.  
OCALA FL 34470  
US48 N.E. 56TH TER.  
OCALA FL 34470-3468  
US3. Date Incorporated or Qualified  
05/20/19863a. Date of Last Report  
08/14/1996

2. Principal Place of Business

2a. Mailing Address

21 47 NE 56th TERR

26 47 NE 56th TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Ocala FL

28 Ocala FL

24 Zip 34470

25 Country USA

29 Zip 34470

30 Country USA

4. FEI Number

59-2711165

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~MCGOWAN, ROBERT J  
48 N.E. 56TH TERRACE  
OCALA FL 34420~~

81 Name JUEDES, GAYLE

82 Street Address (P.O. Box Number is Not Acceptable)  
47 NE 56 TERR

83

84 City Ocala

FL

85 Zip Code 34470

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

Gayle A Juedes

1/14/97

Signature, type or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME IRVIN, SAM L.  
STREET ADDRESS 3002 SE 1 AV.  
CITY - ST - ZIP Ocala FL  
☒ DELETE1.1 TITLE D  
1.2 NAME COLLEEN EARNshaw  
1.3 STREET ADDRESS 48 NE 56 TERR  
1.4 CITY - ST - ZIP Ocala FL 34470  
☐ Change ☒ AdditionTITLE D  
NAME IRVIN, BRENDA M.  
STREET ADDRESS 89 NE 56TH TERRACE  
CITY - ST - ZIP Ocala FL  
☒ DELETE2.1 TITLE D  
2.2 NAME ED KINDELL  
2.3 STREET ADDRESS 65 NE 56 TERR  
2.4 CITY - ST - ZIP Ocala FL 34470  
☐ Change ☒ AdditionTITLE P  
NAME MCGOWAN, ROBERT J.  
STREET ADDRESS 48 NE 56TH TERRACE  
CITY - ST - ZIP Ocala FL  
☒ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE D  
NAME JUEDES, GAYLE  
STREET ADDRESS 47 NE 56 TERRACE  
CITY - ST - ZIP Ocala FL  
☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
☐ Change ☐ Addition

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

SIGNATURE: Gayle A Juedes GAYLE A JUEDES 1/14/97 352-854-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 352-854-7700

CR2E037 (9/96)