


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90084 030 ****61.25

005-0884

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003799					
1. Corporation Name REGENCY HEIGHTS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2550 STATE ROAD 580, LOT 293 CLEARWATER FL 33761			Mailing Address 2550 STATE ROAD 580, LOT 293 CLEARWATER FL 33761		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/26/1998	
22 City & State		27 City & State		4. FEI Number 59-3522104	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CUMMINS, ANSLEY 2550 STATE ROAD 580, LOT 293 CLEARWATER FL 33761			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Joseph Huppman		1.2 NAME		
STREET ADDRESS	2550 State Road 580 Lot 372		1.3 STREET ADDRESS		
CITY-ST-ZIP	Clearwater, FL 33761	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Charles Freeland		2.2 NAME		
STREET ADDRESS	2550 State Road 580 Lot 267		2.3 STREET ADDRESS		
CITY-ST-ZIP	Clearwater, FL 33761	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	William Ciuros		3.2 NAME		
STREET ADDRESS	2550 State Road 580 Lot 429		3.3 STREET ADDRESS		
CITY-ST-ZIP	Clearwater, FL 33761	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Ansley Cummins		4.2 NAME		
STREET ADDRESS	2550 State Road 580 Lot 293		4.3 STREET ADDRESS		
CITY-ST-ZIP	Clearwater, FL 33761	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Robert Craig		5.2 NAME		
STREET ADDRESS	2550 State Road 580 Lot 266		5.3 STREET ADDRESS		
CITY-ST-ZIP	Clearwater, FL 33761	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Leo Vitale		6.2 NAME		
STREET ADDRESS	2550 State Road 580 Lot 253		6.3 STREET ADDRESS		
CITY-ST-ZIP	Clearwater, FL 33761	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: *Ansley Cummins* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99 727-797-6384

Date

Daytime Phone #

CR2E037 (11/98)

N980000003794

ADDITIONAL DIRECTOR

Aubrey Sharp
2550 State Road 580 Lot 442
Clearwater, Fl 33761