

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90182 009 \*\*\*\*61.25

|                                                           |  |                                                                                   |
|-----------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N29125</b>                                  |  |  |
| 1. Entity Name<br>REGENT PARK VILLAS II ASSOCIATION, INC. |  |                                                                                   |

|                                                                                 |                                                           |
|---------------------------------------------------------------------------------|-----------------------------------------------------------|
| Principal Place of Business<br>1337 EGRET'S LANDING #102<br>NAPLES, FL 34108 US | Mailing Address<br>P.O. BOX 112260<br>NAPLES, FL 34108 US |
|---------------------------------------------------------------------------------|-----------------------------------------------------------|

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

01132006 Chg-NP CR2E037 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0095109 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                                                                                     |  |                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>BLANCHARD, JOHN B<br>EAGLE PROPERTY MANAGEMENT OF SW FL INC<br>1337 EGRET'S LANDING #102<br>NAPLES, FL 34108 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                             |                                                                                     |                                |                                                      |
|---------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------|
| Filing Fee is \$61.25<br>Due by May 1, 2006 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make check payable to<br>Florida Department of State |
|---------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                             | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                     |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>GAYDASH, JACK<br>3324 ERICK LAKE DRIVE<br>NAPLES, FL 34109 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VICE PRESIDENT<br>WILLIAM BISHOP<br>10730 HENRY CT<br>NAPLES, FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DALTON, JOHN<br>10732 HENRY CT.<br>NAPLES, FL 34109 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SECRETARY<br>SALLY SEABURY<br>10900 REGENT CIRCLE<br>NAPLES, FL 34109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CATANIA, DOMINICK<br>10772 QUEN ANNE LANE<br>NAPLES, FL 34109 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>HECK, AUDREY<br>10806 QUEEN ANN LANE<br>NAPLES, FL 34109 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>TURNER, DAVID<br>10736 HENRY COURT<br>NAPLES, FL 34109 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>DALTON, ROBERTA<br>10732 HENRY CT.<br>NAPLES, FL 34109 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Roberta J. Dalton, President 4-11-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #