


FILED
Apr 02, 2007 8:00 am
Secretary of State

03-19-2007 90071 040 ****61.25

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N00000001624			
1. Entity Name REGAL POINTE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business C/O COMMUNITY MGMT PROPR, INC. 5401 KIRKMAN RD., STE 450 ORLANDO, FL 32819		Mailing Address C/O COMMUNITY MGMT PROPR, INC. 5401 KIRKMAN RD., STE 450 ORLANDO, FL 32819	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3673052		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT PROFESSIONALS, INC. 5401 KIRKMAN RD., STE. 450 ORLANDO, FL 32819		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 reappointing) DATE _____			
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERSAUD, SHIV 289 REGAL DOWNS CIR. WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Board member - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Angela Haggins 318 Grand Royal Cir Winter Garden, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STICKEY, WILLIAM J 375 REGAL DOWNS CIRCLE WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIANA Krummel DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition 353 Regal Downs Cir Winter Garden FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HURAMAN, FRANK C 357 REGAL DOWNS CIRCLE WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Edwin Lopez - DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition 551 Grand Royal Winter Garden FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BARBARINO, JOHN 558 GRIND ROYAL CIR WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VISSERS, MERRICK 547 GRAND ROYAL WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BARNHIU, BARBARA 600 GRAND ROYAL CIR WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/12/07 Date Daytime Phone #	