

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729620

1. Entity Name

REGENCY PARK CIVIC ASSOCIATION, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90111 040 ****61.25

Principal Place of Business

Mailing Address

10240 REGENCY PARK BLVD.
PORT RICHEY FL 34668

10240 REGENCY PARK BLVD.
PORT RICHEY FL 34668-3738

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1855209

Applied For
Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KALTENBACH, (DONALD F., ESQ.)
7716 MASSACHUSETTS AVE.
NEW PORT RICHEY FL 34653

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BLAND, JOHN	
STREET ADDRESS	10032 RANDYWIND LANE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DETRICK, RALPH	
STREET ADDRESS	7225 ROCKWOOD DR	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOMBARDINI, JACQUELINE	
STREET ADDRESS	7031 HEATH DRIVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	S	<input type="checkbox"/> Delete
NAME	STRUTZ, RUTH	
STREET ADDRESS	10014 OLD HICKORY LANE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAGLIONE, NICOLAS	
STREET ADDRESS	9815 BISHOP LANE	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANETRELLA, LOUIS	
STREET ADDRESS	7434 SAN CARLOS DRIVE	
CITY-ST-ZIP	PORT RICHEY FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Anita Comisse - ASST. TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7310 King Arthur DR.	
STREET ADDRESS	Port Richey FL	
CITY-ST-ZIP		
TITLE	James Sternig - Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7531 Embassy Blvd	
STREET ADDRESS	Port Richey FL	
CITY-ST-ZIP		
TITLE	Lou Gallo - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9627 Towanda Lane	
STREET ADDRESS	Port Richey FL	
CITY-ST-ZIP		
TITLE	Marge Kokos - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10214 Old Orchard Lane	
STREET ADDRESS	Port Richey FL	
CITY-ST-ZIP		
TITLE	Helen Martin Kouic - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7314 King Arthur DR.	
STREET ADDRESS	Port Richey FL	
CITY-ST-ZIP		
TITLE	Don Cowden, Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9810 Bishop Lane	
STREET ADDRESS	Port Richey FL	
CITY-ST-ZIP		

12. 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 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: *Jacqueline Lombardini* Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/00