

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729620

1. Entity Name

REGENCY PARK CIVIC ASSOCIATION, INC.

Principal Place of Business

10240 REGENCY PARK BLVD.
PORT RICHEY FL 34668

Mailing Address

10240 REGENCY PARK BLVD.
PORT RICHEY FL 34668

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1855209

Applied For

Not Applicable

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME BLAND, JOHN
STREET ADDRESS ~~10032 RANDY WIND LANE~~ 7141 Potomac DR.
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME DETRICK, RALPH
STREET ADDRESS 7225 ROCKWOOD DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME LOMBARDINI, JACQUELINE
STREET ADDRESS 7031 HEATH DRIVE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME ~~STRUTZ, RUTH~~
STREET ADDRESS ~~10014 OLD HICKORY LANE~~ Deceased
CITY-ST-ZIP ~~PORT RICHEY FL~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME PAGLIONE, NICOLAS
STREET ADDRESS 9815 BISHOP LANE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ANETRELLA, LOUIS
STREET ADDRESS 7434 SAN CARLOS DRIVE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

1/29/01 727-862-4224

CR2E037 (10/00)