

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2002 8:00 am**  
**Secretary of State**

01-25-2002 90011 001 \*\*\*\*61.25

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BLAND, JOHN</b> <b>7141 POTOMAC DR</b> <b>PORT RICHEY FL 34668</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DETRICK, RALPH</b> <b>7225 ROCKWOOD DR</b> <b>PORT RICHEY FL 34668</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LOMBARDINI, JACQUELINE</b> <b>7031 HEATH DRIVE</b> <b>PORT RICHEY FL 34668</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAGLIONE, NICOLAS</b> <b>9815 BISHOP LANE</b> <b>PORT RICHEY FL 34668</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANETRELLA, LOUIS</b> <b>7434 SAN CARLOS DRIVE</b> <b>PORT RICHEY FL 34668</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.</b> <b>Nicholas Paglione</b> <b>9815 Bishop Lane</b> <b>Port Richey FL 34668</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Ron Vancleve</b> <b>7121 Heath DR</b> <b>Port Richey FL 34668</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Jacqueline Lombardini</b> <b>7031 Heath Drive</b> <b>Port Richey FL 34668</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>same</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Louis Anetrella</b> <b>7434 San Carlos DR</b> <b>Port Richey FL 34668</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>same</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Paul Hottin</b> <b>7719 Vienna Lane</b> <b>Port Richey FL 34668</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Elva Gerhard</b> <b>7300 King Arthur DR</b> <b>Port Richey FL 34668</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*January 8, 2002*  
 Date Daytime Phone #

(727) 862-4224

CR2E037 (9/01)