

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90087 033 ****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

1st MOORE

CR2E037 (10/05)

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

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

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

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
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FREDERICK, HELEN	
STREET ADDRESS	7308 WESTWIND DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FREDRICK, WILLIAM	
STREET ADDRESS	7305 WESTWIND DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HINNANT, DOROTHY R	
STREET ADDRESS	9830 MARK TWAIN LANE	
CITY-ST-ZIP	PORT RICHEY FL 34668	

TITLE	S	<input type="checkbox"/> Delete
NAME	MAGYAROSI, GENEVIEVE A	
STREET ADDRESS	10014 BRUNSWICK LN	
CITY-ST-ZIP	PORT RICHEY FL 34668	

TITLE	DT	<input type="checkbox"/> Delete
NAME	WATERS, KAY	
STREET ADDRESS	7104 CASTENEA DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	

TITLE	DT	<input type="checkbox"/> Delete
NAME	BUCK, ELISE	
STREET ADDRESS	7520 FRAMLAND LANE	
CITY-ST-ZIP	PORT RICHEY FL 34668	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY R. HINNANT	
STREET ADDRESS	9830 MARK TWAIN LN	
CITY-ST-ZIP	PORT RICHEY FL 34668	

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES STERNIG	
STREET ADDRESS	9531 EMBASSY BLVD	
CITY-ST-ZIP	PORT RICHEY FL 34668	

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	E. RONNIE DOMANSKI	
STREET ADDRESS	9625 LAKESIDE LN	
CITY-ST-ZIP	PORT RICHEY FL 34668	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Dorothy R. Hinnant, President 1-24-06 727-849-4650