

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90050 011 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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. 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, 2007**

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 type="checkbox"/> Delete
NAME	HINNANT, DOROTHY R	
STREET ADDRESS	9830 MARK TWAIN LN	
CITY- ST- ZIP	PORT RICHEY FL 34465	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STERNING, JAMES	
STREET ADDRESS	9531 EMBASSY BLVD	
CITY- ST- ZIP	PORT RICHEY FL 34665	
TITLE	T	<input type="checkbox"/> Delete
NAME	DOMANSKI, RONNIE E	
STREET ADDRESS	9625 LAKE SIDE LN	
CITY- ST- ZIP	PORT RICHEY FL 34665	
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 checked="" 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		<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		
TITLE	Board of Directors	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELAINE SCHABILON	
STREET ADDRESS	7224 HEATH DR	
CITY- ST- ZIP	PORT RICHEY, FL 34665	
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-07 727-359-0950  
Date Daytime Phone #