

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90024 005 ****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**

400



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

01172008 Chg-NP

CR2E037 (12/06)

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

**HINNANT, DOROTHY R
9830 MARK TWAIN LANE
PORT RICHEY, FL 34468**

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 renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
HINNANT, DOROTHY R
9830 MARK TWAIN LN
PORT RICHEY, FL 34465** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
STERNING, JAMES
9531 EMBASSY BLVD
PORT RICHEY, FL 34665** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PAUL HOTTIN
7719 VIENNA LN
PORT RICHEY FL 34665** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
DOMANSKI, RONNIE E
9625 LAKE SIDE LN
PORT RICHEY, FL 34665** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TECAS
LORETTA MARIANO
7035 KING ARTHUR DR
PORT RICHEY, FL 34665** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
MAGYAROSI, GENEVIEVE A
10014 BRUNSWICK LN
PORT RICHEY, FL 34668** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DT
SCHABILON, ELAINE
7224 HEATH DR
PORT RICHEY, FL 34668** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DT
BUCK, EUSE
7520 FRAMLAND LANE
PORT RICHEY, FL 34668** ☐ Delete

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 exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-08 7293890950