

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729620

FILED
Jan 07, 2009
Secretary of State

Entity Name: REGENCY PARK CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

10240 REGENCY PARK BLVD.
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

10240 REGENCY PARK BLVD.
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 59-1855209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HINNANT, DOROTHY R
Address: 9830 MARK TWAIN LN
City-St-Zip: PORT RICHEY, FL 34465

Title: VP () Delete
Name: HOTTIN, PAUL
Address: 7719 VIENNALN
City-St-Zip: PORT RICHEY, FL 34665

Title: T () Delete
Name: MARIANO, LORETTA
Address: 7035 KING ARTHUR DR
City-St-Zip: PORT RICHEY, FL 34665

Title: S () Delete
Name: MAGYAROSI, GENEVIEVE A
Address: 10014 BRUNSWICK LN
City-St-Zip: PORT RICHEY, FL 34668

Title: DT () Delete
Name: SCHABILON, ELAINE
Address: 7224 HEATH DR
City-St-Zip: PORT RICHEY, FL 34668

Title: DT () Delete
Name: BUCK, ELISE
Address: 7520 FRAMLAND LANE
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY R. HINNANT

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date