FILED

2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 729620

1. Entity Name



Jan 16, 2003 8:00 am § Secretary of State 01-16-2003 90043 026 ****61.25 REGENCY PARK CIVIC ASSOCIATION, INC. Principal Place of Business Mailing Address 10240 REGENCY PARK BLVD. 10240 REGENCY PARK BLVD. PORT RICHEY FL 34668 PORT RICHEY FL 34668 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEł Number 59-1855209 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KALTENBACH, (DONALD F., ESQ.) Street Address (P.O. Box Number is Not Acceptable) 7716 MASSACHUSETTS AVE. **NEW PORT RICHEY FL 34653** 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) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. П Added to Fees Florida Department of State Pradditions/Changes to officers and directors in 10 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE Paulione Nicholas Change ☐ Addition NAME GERHARDT, ELVA NAME STREET ADDRESS 9815 Bishop Lane 7300 KING ARTHUR DR STREET ADDRESS CITY-ST-ZIP PORT RICHEY FL 34668 Port Richey CITY-ST-7IP D TITLE Delete TITLE ☐ Change ☐ Addition HOTTIN, PAUL NAME Helen NAME lendrick. STREET ADDRESS 7719 VIENNA LANE STREET ADDRESS 308 westwind DR Port Richer FC 3 CITY-ST-7/P PORT RICHEY FL 34668 CITY-ST-ZIP TITLE ☐ Delete NAME LOMBARDINI, JACQUELINE NAME ombardini Jacqueline STREET ADDRESS 7031 HEATH DRIVE STREET ADDRESS CITY-ST-ZIP PORT RICHEY FL 34668 CITY-ST-ZIP TITLE □ Delete TRUSTEE NAME PAGLIONE, NICOLAS NAME Kay STREET ADDRESS 9815 BISHOP LANE STREET ADDRESS 7104 Castanea DR CITY-ST-ZIP PORT RICHEY FL 34668 CITY-ST-ZIP Delete TITLE TRUSTEE ☐ Change Addition NAME **ANETRELLA, LOUIS** Mary Buccher, NAME STREET ADDRESS 7434 SAN CARLOS DRIVE STREET ADDRESS 7715 Fox Hollow DR Part Richey FL 34 CITY-ST-ZiP PORT RICHEY FL 34668 CITY-ST-ZIP TITI F Delete TITLE rustec Change Addition NAME VANCLEVE, RON enevieve A. Magyarosi NAME STREET ADDRESS 7121 HEATH DR STREET ADDRESS 10014 Brunswick Gine Port Richey FL 34668 CITY-ST-ZIP PORT RICHEY FL 34668 CITY-ST-ZIP

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.

AGLIONE_