2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

FILED Apr 26, 2007 8:00 am Secretary of State

DOCUMENT #747754 1. Entity Name REGAL OAK SHORES COMMUNITY ASSOCIATION, INC. 04-26-2007 90239 015 ****61.25

		•	200		,				
Principal Place of Business 1558 REGAL OAK DRIVE KISSIMMEE, FL 34744 US		Mailing Address 1558 REGAL OAK DRIVE KISSIMMEE, FL 34744 US							
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
		The state of the s			-	5H 18561 SIIII SISI SIEN BISH SI	III 31941 B(3)) 646)(1)(1)(1)	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04242007 Ch	g-NP CR2E0:	37 (12/06)		
City & Stat	е	City & State			4. FEI Number 59-2461472	2		oplied For	
Zip	Country	Country Zip Co		5. Certificate of Status Desired See Re				ditional ed	
	8. Name and Address of Current	Registered Agent			7. Name and Addr	ess of New Registered	Agent		
VAZIL E LA NAC	S, SHARON		Name	•			•		
1558 REG	AL OAK DRIVE EE, FL 34744	Stree	Street Address (P.O. Box Number is Not Acceptable)						
;	• •	City	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. (NOT	E: Registered Agent sig	nature required	d when reinstating)	DATE			
	Filing Fee is \$61.25 Due by May 1, 2007		mpaign Financing	· 🗆	\$5.00 May Be Added to Fees	Make chec Florida Depai			
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AND DI	RECTORS IN	l 10	
TITLE	PD	☐ Delete	TITLE	T		<u> </u>	Change	Addition	
NAME	SOVRAN, CLAUDIA		NAME	ŀ				_	
STREET ADDRESS	P.O. BOX 421729		STREET ADDRES	s					
CITY-ST-ZIP	KISSIMMEE, FL 34742		CITY-ST-ZIP	<u> </u>					
TITLE	TD	Delete	TITLE				Change	Addition	
NAME CTREET ADDRESS	WILLIAMS, SHARON L 1558 REGAL OAK DR		NAME STREET ADDRES						
STREET ADDRESS CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP	•					
TITLE	D	Delete	TITLE	-			☐ Change	Addition	
NAME	BRIGGS, IRINA	LET Delete	NAME	D	ROL TUDO	a	☐ cuantic	(M) MUUSUUN	
STREET ADDRESS	1540 REGAL OAK DRIVE		STREET ADDRES	S 164	3 REGAL	OAK DRIVE	<u>ئ</u>		
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP		SINMEE	R 34744			
TILE	D	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	SOVRAN, MELISSA		NAME						
STREET ADDRESS	1880 WILLOW COURT		STREET ADDRES	s					
CITY-ST-ZIP	KISSIMMEE, FL 34744		CITY-ST-ZIP						
TITLE	DV	☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS	TRUCHLY, HEATHER A 1600 REGAL OAK DRIVE		NAME STREET ADDRES						
CITY-ST-ZIP	KISSIMMEE, FL 347446643		CITY-ST-ZIP						
	D	F1 6.1.4.			·		Change	☐ Addition	
title Name	RAYBOURN, HERBERT	☐ Delete	TITLE	-			Change	TT MODITORI	
STREET ADDRESS	P.O. BOX 22453		STREET ADORES	s					
CITY-ST-ZIP	LAKE BUENA VISTA, FL 32830		CITY-ST-ZIP	-					
12. I hereby	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for	or the exemptions	contained	in Chapter 119, Florid	da Statutes. I further cert	ify that the ir	nformation	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or diffector 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.

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Principal Place of Business - No P.O. Box # 3. Mailing Addr				ing Address			40084981						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04242007 Chg-NP CR2E037 (12/06)							
City & State			City & State				4. FEI Number 59-246147	2			plied For t Applicable		
Zip	Country Zip			Country			5. Certificate of Status Desired Security Securi						
	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name							
WILLIAMS, SHARON 1558 REGAL OAK DRIVE KISSIMMEE, FL 34744						Street Address (P.O. Box Number is Not Acceptable)							
						City				FL	Zip Code	•	
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
Filing Fee is \$61.25 9. Election Campaign Financing								\$5.00 May Be Added to Fees	1	ke check i			
10.		OFFICERS AND DIF	RECTORS		11.			DDITIONS/CHANG	l ES TO OFFICERS	S AND DIRE	CTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOVRAN, CLAUDIA P.O. BOX 421729					Į.					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Delete TIT WILLIAMS, SHARON L NAI STR					1					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete TITTL BRIGGS, IRINA 1540 REGAL OAK DRIVE STR					1	- 42	511E HAS 70 WILLO 88111 NEE,	- · ·		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOVRAN, 1880 WIL	MELISSA LOW COURT EE, FL 34744		☐ Delete			<u> </u>		· · · · · · ·	1	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TRUCHLY 1600 REG	, HEATHER A GAL OAK DRIVE EE, FL 347446643		☐ Delete		1					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYBOUI P.O. BOX	RN, HERBERT		□ Delete		1				!	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: 4/24/67 4/07-552-12/5													