


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90274 025 ****61.25

DOCUMENT # 749161 1. Entity Name REGENCY SIX ASSOCIATION, INC.					
Principal Place of Business 145 PERUVIAN AVENUE PALM BEACH, FL 33480 US			Mailing Address C/O LIST MANAGMENT 223 SUNSET AVE, #110 PALM BEACH, FL 33480 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2052788	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIST MANAGEMENT CO. 223 SUNSET AVENUE SUITE 110 PALM BEACH, FL 33480				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLIS, EARL A		NAME		
STREET ADDRESS	145 PERUVIAN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PALM BCH, FL 33480		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KERESEY, ANNE		NAME		
STREET ADDRESS	145 PERUVIAN AVE		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEBSTER, MARY		NAME		
STREET ADDRESS	145 PERUVIAN AVE.		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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04142007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2052788

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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	D	<input type="checkbox"/> Delete
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STREET ADDRESS	145 PERUVIAN AVENUE	
CITY-ST-ZIP	PALM BCH, FL 33480	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KERESEY, ANNE	
STREET ADDRESS	145 PERUVIAN AVE	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBSTER, MARY	
STREET ADDRESS	145 PERUVIAN AVE.	
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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

4/17/07

Daytime Phone #