## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 07, 2008 8:00 am Secretary of State **DOCUMENT # 752465** 1. Entity Name 04-07-2008 90028 035 \*\*\*\*61.25 THE REGENCY OF ST. PETERSBURG, INC. Principal Place of Business Mailing Address SEABOARD ARBORS MGMT SEABOARD ARBORS MGMT 2189 CLEVELAND STREET STE 225 CLEARWATER FL 33765 2189 CLEVELAND STREET STE 225 CLEARWATER FL 33765 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-2134404 Not Applicable Zio Country Zip 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 Name LEIGHTON, LENNARD A Street Address (P.O. Box Number is Not Acceptable) C/O SEABOARD ARBORS MGMT 2189 CLEVELAND STREET STE 225 **CLEARWATER FL 33765** City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE THILE ☐ Delate ☐ Addition BRUZZICHESI, PHILIP NAME NAME 1860 MASACHUSETTS AVE NE #221 STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33703 CITY-ST-ZIP CITY - ST - ZIP Delete TITLE 5. P TITLE Change Addition SMYTH, WALTER G NAME NAME 4853 VENETIAN PLACE NE STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33703 CITY-ST-ZIP CHTY-ST-ZIP TITLE STD ☐ Delete TITLE Change ☐ Addition TD NAME BUTLER, HELEN NAME 1860 MASACHUSETTS AVE NE #101 STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33703 CITY-ST-ZIP CITY-ST-ZIP PD V, DTOTLE ☐ Defete TITLE Change ☐ Addition SMYTH, MADELINE G NAME NAME STREET ADDRESS 4853 VENETIAN PLACE NE STREET ADDRESS ST PETERBURG FL 33703 CITY - ST - ZIP CITY-ST-ZiP TITLE Delete ☐ Change Addition ALFIERI, WAYNE A NAME NAME 1936 JEFORDS STREET STREET ADORESS STREET ADDRESS **CLEARWATER FL 33764** CITY-ST-ZIP CITY-ST-ZiP THLE ☐ Change Delete ш ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7(P

12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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

63-2-08

If changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

**FILED**