

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90022 037 ****61.25

DOCUMENT # 766611

1. Entity Name

REGENTS WALK ASSOCIATION, INC.



Principal Place of Business

166 COUNTRY CLUB DRIVE
MELBOURNE FL 32940

Mailing Address

166 COUNTRY CLUB DRIVE
MELBOURNE FL 32940

00000100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2293905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEWART, FRANCIS M CPA
6939 N WICKHAM RD
MELBOURNE FL 32940

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	P	<input checked="" type="checkbox"/> Delete
NAME	LANGNER, MARVIN	
STREET ADDRESS	181 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LEAHY, BARBARA	
STREET ADDRESS	185 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, DAVID	
STREET ADDRESS	193 COUNTRY CLUB DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCCARTHY, MARY	
STREET ADDRESS	1366 C DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HANDLEY, CHARLES	
STREET ADDRESS	154 REGANTZ CT	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Emanuel Pagliuca	
STREET ADDRESS	169 Eton Circle	
CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Katie Estey	
STREET ADDRESS	163 Eton Circle	
CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	VP-T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Allen	
STREET ADDRESS	128 Country Club Drive	
CITY-ST-ZIP	Melbourne, FL 32940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Emanuel Pagliuca

3/22/06 242-9327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #