## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## May 03, 2005 8:00 am Secretary of State DOCUMENT # F00000004593 05-03-2005 90132 016 \*\*\*150.00 REGÉNCY OAKS PRESERVE, INC. Principal Place of Business Mailing Address 4915 ARLINGTON ROAD **4915 ARLINGTON ROAD** PALMETTO, FL 34221 PALMETTO, FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 CR2E034 (10/03) Cha-P City & State 4. FEI Number Applied For City & State 88-0447952 Not Applicable 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 MCGINNESS, W. LEE Street Address (P.O. Box Number is Not Acceptable) 1800 SECOND STREET, SUITE 971 SARASOTA, FL 34236 Zip Code City 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 obtigations 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Change ☐ Addition TITLE HUSEBY, MICHELE NAME NAME STREET ADDRESS STREET ADDRESS 4915 ARLINGTON ROAD CITY-ST-ZIP CITY-ST-ZIP PALMETTO, FL 34221 ST EILEEN STRAUSS Change ST ☐ Delete TITLE ☐ Addition STRAUSS, EILEEN NAME 3350 RIDGEVIEW DR NAME 3235 GOCIO ROAD. STREET ADDRESS STREET ADDRESS SARASOTA FL 34235 CITY-ST-ZIP SARASOTA, FL-34235 CITY-ST-ZIP D STRAUSS ROBERT hange ☐ Addition D ☐ Delete TITLE TITLE. STRAUSS, ROBERT NAME NAME 3350 RIDGEVIEW DR STREET ADDRESS STREET ADDRESS 3235 GOCIO ROAD CITY-ST-ZIP SARASOTA FL 34235 CATY-ST-ZIP SARASOTA, FL 34235 ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP of quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filling does not indicated on this report or supplemental report is true and accurate of the corporation or the receiver optrustee empowered to execute changed, or on an attachment with an address, with all other like of the control of the co

**FILED**