

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 14 PM 12:18

DOCUMENT # **H07210** (8)

1. Corporation Name  
**REGENCY HEIGHTS HOMEOWNERS, INC.**

Principal Place of Business	Mailing Address
% JAMES ELDRIDGE 2550 STATE ROAD 580 #250 CLEARWATER FL 34621	2550 SR 580 E #357 CLEARWATER FL 34621 US

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified <b>06/08/1984</b>	3a. Date of Last Report <b>04/18/1994</b>
4. FEI Number <b>59-2419534</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. <b>Lloyd Van Lente</b>	26. <b>2550 St.Rd. 580 E</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. <b>lot 356</b>	27.
City & State	City & State
23. <b>Clearwater, Fl 34621</b>	28.
Zip	Country
24. <b>34621</b>	25. <b>Pinallis</b>
29.	30.

9. Name and Address of Current Registered Agent

**LLOYD VANLENTE**  
2550 SR 580E #358  
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83. City	84. State	85. Zip Code
			FL	34621

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	PD VANLENTE, LLOYD
NAME	2550 STATE RD. 580 CLEARWATER FL
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	VD MEYER, MARGARET
NAME	2550 STATE RD. 580 CLEARWATER FL
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	SD HERBERT, DORIS
NAME	2550 S R 580 E #491 CLEARWATER FL
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	DT DOUBLE, BERNARD
NAME	2550 STATE RD. 580 CLEARWATER FL
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	D BEAN, ARTHUR
NAME	2550 SR 580E 279 CLEARWATER FL
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	D KARHUT, HELEN
NAME	2550 SR 580E #468 CLEARWATER FL
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. 1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Charles Ricketts
1.3 STREET ADDRESS	2550 St.Rd. 580 E.
1.4 CITY - ST - ZIP	Clearwater, Fl. 34621
2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: Lloyd Van Lente Tab 7 -1995 1-813-799-2399  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Date