

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # H07210 (8)

1. Corporation Name
REGENCY HEIGHTS HOMEOWNERS, INC.



Principal Place of Business
**C/O DORIS HERBERT
 LOT 491
 CLEARWATER FL 34621
 US**

Mailing Address
**2550 STATE ROAD 580
 LOT #491
 CLEARWATER FL 34621-2081
 US**

3. Date Incorporated or Qualified
08/08/1984

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 ANSLEY CUMMINS

2a. Mailing Address
26 2550 STATE ROAD 580

Suite, Apt. #, etc.
22 LOT # 293

27 **LOT # 293**

City & State
23 CLEARWATER FL

28 **CLEARWATER FL**

Zip
24 34621

Country
25 USA

29 **34621**

30 **USA**

4. FEI Number
59-2419534

Applied For
 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HERBERT, DORIS
 2550 STATE ROAD 580
 LOT #491
 CLEARWATER FL 34621**

10. Name and Address of New Registered Agent

81 Name
ANSLEY CUMMINS

82 Street Address (P.O. Box Number is Not Acceptable)
2550 STATE ROAD 580

83 **LOT # 293**

84 City
CLEARWATER

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 607.0505, Florida Statutes.

SIGNATURE: *Ansley Cummins* **ANSLEY CUMMINS TREASURER** **5/16/97**

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

12. OFFICERS AND DIRECTORS

TITLE DELETE
P/D HUPPMAN, JOSEPH

NAME
2550 STATE RD. 580, LOT #372

STREET ADDRESS
CLEARWATER FL 34621

CITY-ST-ZIP

TITLE DELETE
V/D RICKETTS, CHARLES

NAME
2550 STATE RD. 580, LOT #259

STREET ADDRESS
CLEARWATER FL 34621

CITY-ST-ZIP

TITLE DELETE
SD HERBERT, DORIS

NAME
2550 S R 580 E #491

STREET ADDRESS
CLEARWATER FL

CITY-ST-ZIP

TITLE DELETE
T/D CUMMINS, ANSLEY

NAME
2550 STATE RD. 580, LOT #283

STREET ADDRESS
CLEARWATER FL 34621

CITY-ST-ZIP

TITLE DELETE
D GAYNOR, ELEANOR

NAME
2550 STATE RD. 580, LOT #438

STREET ADDRESS
CLEARWATER FL 34621

CITY-ST-ZIP

TITLE DELETE
D FREELAND, CHARLES

NAME
2550 STATE RD. 580, LOT #267

STREET ADDRESS
CLEARWATER FL 34621

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
S/D FAYE SCHUCH

3.2 NAME
2550 STATE ROAD 580 LOT 351

3.3 STREET ADDRESS
CLEARWATER FL 34621

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: *Ansley Cummins* **ANSLEY CUMMINS** **5/16/97** **813-797-6384**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

TREASURER

CR2E034 (9/96)

PLEASE BE ADVISED THAT THERE IS 1
ADDITIONAL DIRECTOR FOR WHICH NO
ROOM IS ON YOUR FORM:

D

ROBERT CRAIG

2550 STATE ROAD 580 LOT # 266

CLEARWATER FL 34621