

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90151 011 ***150.00



DOCUMENT # H50301

1. Entity Name

THE REGAL HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

2141 RIDGE ROAD, LOT #31
 LARGO FL 33778

Mailing Address

2141 RIDGE ROAD, LOT #31
 LARGO FL 33778



2. Principal Place of Business

Same

3. Mailing Address

1st MOORE CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2519317

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORD, EDWIN I.
 2307 WEST BAY DRIVE
 LARGO FL 33540

Name

Same

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | PENDY, LINDA | |
| STREET ADDRESS | LOT 31, 2141 RIDGE RD | |
| CITY-ST-ZIP | LARGO FL 33778 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | GLIBBERY, LOIS | |
| STREET ADDRESS | LOT 78 2141 RIDGE RD | |
| CITY-ST-ZIP | LARGO FL 33778 | |
| TITLE | DT | <input checked="" type="checkbox"/> Delete |
| NAME | AUGUSTYNIAK, MARY A | |
| STREET ADDRESS | LOT 64 2141 RIDGE RD | |
| CITY-ST-ZIP | LARGO FL 33778 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | PERKINS, DON | |
| STREET ADDRESS | LOT 27 2141 RIDGE RD | |
| CITY-ST-ZIP | LARGO FL 33778 | |
| TITLE | DV | <input checked="" type="checkbox"/> Delete |
| NAME | BURNS, JAMES | |
| STREET ADDRESS | LOT 1 2141 RIDGE ROAD | |
| CITY-ST-ZIP | LARGO FL 33778 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SNYDER, NORMAN | |
| STREET ADDRESS | LOT 35 2141 RIDGE RD. | |
| CITY-ST-ZIP | LARGO FL 33778 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|--|
| TITLE | DP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Pendy, Linda | |
| STREET ADDRESS | Lot 31, 2141 Ridge | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Glibbery, Lois | |
| STREET ADDRESS | Lot 78 2141 Ridge Rd. | |
| CITY-ST-ZIP | Largo FL 33778 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DU | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | White, Tom | |
| STREET ADDRESS | Lot 68, 2141 Ridge | |
| CITY-ST-ZIP | Largo, FL 33778 | |
| 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 exemption stated in Section 119.07(3)(i), 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 607, 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:

Linda M. Pendy, President

4/4/05

727/586-6427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #