

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90002 008 ****61.25

DOCUMENT # N00000001624 1. Entity Name REGAL POINTE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business C/O COMMUNITY MANAGEMENT PROFESSIONALS INC 5401 KIRKMAN RD., STE. 475 ORLANDO, FL 32819		Mailing Address C/O COMMUNITY MANAGEMENT PROFESSIONALS INC 5401 KIRKMAN RD., STE. 475 ORLANDO, FL 32819	
2. Principal Place of Business <i>C/O Community Mgmt. Prof. Inc</i> Suite, Apt. #, etc. 5401 Kirkman Rd Ste 450 City & State Orlando, FL Zip 32819		3. Mailing Address <i>Same</i> Suite, Apt. #, etc. City & State Zip Country USA	
4. FEI Number 59-3673052		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMMUNITY MANAGEMENT PROFESSIONALS, INC. 5401 KIRKMAN RD., STE. 450 ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <i>[Signature]</i> <small>(NOTE: Registered Agent signature required when reappointing)</small> </div> <div style="width: 20%; text-align: right;"> 8/5/04 <small>DATE</small> </div> </div>			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCEACHERN, FRANCES 206 REGAL DOWNS CIR. WINTER GARDEN, FL 34787	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERSAUD, SHIV 289 REGAL DOWNS CIR. WINTER GARDEN, FL 34787	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STUCKEY, WILLIAM JR. 375 REGAL DOWNS CIR. WINTER GARDEN, FL 34787	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ADRIAN 253 REGAL DOWNS CIR. WINTER GARDEN, FL 34787	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIDDLETON, ALFORD 408 GRAND ROYAL CIR. WINTER GARDEN, FL 34787	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, HENRY 397 REGAL DOWNS CIR. WINTER GARDEN, FL 34787	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>[Signature]</i> <small>Date</small> 407-903-9969 <small>Daytime Phone #</small>	

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