

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90106 015 ****61.25

DOCUMENT # N00000001624

1. Entity Name
REGAL POINTE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
C/O COMMUNITY MGMT PROPR, INC.
5401 KIRKMAN RD., STE 450
ORLANDO, FL 32819

Mailing Address
C/O COMMUNITY MGMT PROPR, INC.
5401 KIRKMAN RD., STE 450
ORLANDO, FL 32819

50013662



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3673052

Applied For

Not Applicable

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

COMMUNITY MANAGEMENT PROFESSIONALS, INC.
5401 KIRKMAN RD., STE. 450
ORLANDO, FL 32819

Name

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

**Filing Fee is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$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
PERSAUD, SHIV ☐ Delete
289 REGAL DOWNS CIR.
WINTER GARDEN, FL 34787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MERRICK VISSERS ☒ Change ☐ Addition
547 GRAND ROYAL
WINTER GARDEN, FL 34787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
STICKEY, WILLIAM J ☐ Delete
375 REGAL DOWNS CIRCLE
WINTER GARDEN, FL 34787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SHAW ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
VISSENS, MENNICK ☒ Delete
547 GRIND ROYAL CIR
WINTER GARDEN, FL 34787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FRANK CHURAMAN ☐ Change ☒ Addition
357 REGAL DOWNS CIR
WINTER GARDEN, FL 34787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STB
BARBARINO, JOHN ☐ Delete
558 GRIND ROYAL CIR
WINTER GARDEN, FL 34787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
VISSERS ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BARBARA BARNHILL ☐ Change ☐ Addition
600 GRAND ROYAL CIR
WINTER GARDEN, FL 34787

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ANGELA HAGGINS ☐ Change ☐ Addition
318 GRAND ROYAL CIR
WINTER GARDEN, FL 34787

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MERRICK VISSERS 4/5/06 322-287-0412