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Secretary of State
03-19-2007 90071 040 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

66007461

DOCUMENT # N00000001624

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

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

01242007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

Filing Fee is $61.25
Due by May 1, 2007

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	D PERSAUD, SHIV 289 REGAL DOWNS CIR. WINTER GARDEN, FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board member - Director Angela Haggins 318 grand royal cir Winter garden, FL 34787	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STICKEY, WILLIAM J 375 REGAL DOWNS CIRCLE WINTER GARDEN, FL 34787	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIANA Krummel Director 253 REGAL Down Cir WINTER GARDEN FL 34787	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HURAMAN, FRANK C 357 REGAL DOWNS CIRCLE WINTER GARDEN, FL 34787	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Edwin Lopez Director 531 Grand Regal Winter Garden FL 34787	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BARBARINO, JOHN 558 GRIND ROYAL CIR WINTER GARDEN, FL 34787	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VISSERS, MERRICK 547 GRAND ROYAL WINTER GARDEN, FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARNHILL, BARBARA 600 GRAND ROYAL CIR WINTER GARDEN, FL 34787	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 3/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #