

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90356 020 \*\*\*\*61.25

**60029457**



|  |  |   |   |                                       |  |
|--|--|---|---|---------------------------------------|--|
| <b>DOCUMENT # N00000006748</b><br>1. Entity Name<br><b>REGENCY CONSERVATION ASSOCIATION NO. 1, INC.</b>  |  |   |   |                                       |  |
| Principal Place of Business<br><b>365 TAFT-VINELAND ROAD<br/>SUITE 105<br/>ORLANDO, FL 32824</b>   |  |   | Mailing Address<br><b>365 TAFT-VINELAND ROAD<br/>SUITE 105<br/>ORLANDO, FL 32824</b>  |                                       |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |                                       |  |
| City & State   |  |   | City & State  |                                       |  |
| Zip  |  | Country   |   | Zip                                   |  |
| Country  |  | Country   |   | 4. FEI Number<br><b>65-1081445</b>    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>POHL &amp; SHORT, P.A.<br/>280 W. CANTON AVE.<br/>WINTER PARK, FL 32790</b>  |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |                                       |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |                                       |  |
| <b>Filing Fee is \$81.25<br/>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>   |   | <b>\$5.00 May Be Added to Fees</b>    |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |  | 10. OFFICERS AND DIRECTORS  |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | PD<br><b>RUSSELL, JOHN H</b> <input type="checkbox"/> Delete<br><b>2875 NE 191ST STREET SUITE 404<br/>AVENTURA, FL 33180</b>  |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | VD<br><b>MADISON, PETE</b> <input type="checkbox"/> Delete<br><b>4908 OAK ISLAND ROAD<br/>ORLANDO, FL 32809</b>   |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | VD<br><b>RUSSELL, JOHN B</b> <input type="checkbox"/> Delete<br><b>2645 CHEROKEE ROAD<br/>ST CLOUD, FL 34772</b>  |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | ST<br><b>CHALIFOUX, DEBBIE</b> <input type="checkbox"/> Delete<br><b>33255 S. INDIANA AVE<br/>ST. CLOUD, FL 34769</b>   |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | ST<br><b>Chalifoux, Debbie R.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>6105 Lake Lizzie Dr.<br/>St. Cloud, FL 34771</b> |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | ST<br><b>Chalifoux, Debbie R.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>6105 Lake Lizzie Dr.<br/>St. Cloud, FL 34771</b>            |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | ST<br><b>Chalifoux, Debbie R.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>6105 Lake Lizzie Dr.<br/>St. Cloud, FL 34771</b>            |   |                                       |  |
| 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. |  |   |   |                                       |  |
| <b>SIGNATURE: <i>Debbie R. Chalifoux</i> ST 4/19/06 407-908-5732</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |   |                                       |  |