

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000006749

1. Entity Name
REGENCY CONSERVATION ASSOCIATION NO. 2, INC.



Principal Place of Business:
**365 TAFT-VINELAND ROAD
SUITE 105
ORLANDO, FL 32824**

Mailing Address
**365 TAFT-VINELAND ROAD
SUITE 105
ORLANDO, FL 32824**



03152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0789612

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**POHL & SHORT, P.A.
280 WEST CANTON AVENUE
SUITE 410
WINTER PARK, FL 32789**

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IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
RUSSELL, JOHN H
4422 MEADOW WOOD STREET
ORLANDO, FL 32812**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MADISON, PETE
4908 OAK ISLAND ROAD
ORLANDO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
RUSSELL, JOHN B
2645 CHEROKEE ROAD
ST. CLOUD, FL 34772**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
CHALIFOUX, DEBBIE R
3325 S. INDIANA AVE
ST. CLOUD, FL 34769**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000294351
04/08/05-80066-003 61.25

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IN THIS SPACE**

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:

Debbie R. Chalifoux
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/05
Date

407-908-5762
Daytime Phone #