

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90356 017 ****61.25

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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**

60029460



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
55-0789612

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE STD ☒ Change ☐ Addition
NAME Chalifoux, Debbie R.
STREET ADDRESS 6105 Lake Lizzie Dr.
CITY-ST-ZIP St. Cloud, FL 34771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Debbie R. Chalifoux* **4/19/06 407-908-5732**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #