

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90095 042 ****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

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

04162007

Chg-NP

CR2E037 (12/06)

4. FEI Number
55-0789612

Applied For
Not Applicable

5. Certificate of Status - Resident ☐ **\$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 registering)

DATE

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

TITLE PD ☒ Change ☐ Addition
NAME Russell, John H. Trustee
STREET ADDRESS The John H. Russell Revocable
CITY-ST-ZIP Living Trust dated 9/11/84
365 Taft-Vineland Rd. #105
Orlando, FL 32824

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

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

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

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

TITLE STD ☐ Delete
NAME CHALIFOUX, DEBBIE R
STREET ADDRESS 6105 LAKE LIZZIE DR
CITY-ST-ZIP SAINT CLOUD, FL 34771

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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 *Debbie R Chalifoux* **4/30/07** **407-908-5732**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**