

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006749

FILED  
Mar 14, 2012  
Secretary of State

**Entity Name:** REGENCY CONSERVATION ASSOCIATION NO. 2, INC.

**Current Principal Place of Business:**

365 TAFT-VINELAND ROAD  
SUITE 105  
ORLANDO, FL 32824

**New Principal Place of Business:**

**Current Mailing Address:**

365 TAFT-VINELAND ROAD  
SUITE 105  
ORLANDO, FL 32824

**New Mailing Address:**

**FEI Number:** 55-0789612

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEBBE R. CHALIFOUX  
365 TAFT-VINELAND RD  
SUITE 105  
ORLANDO, FL 32824 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RUSSELL TRUSTEE, JOHN H TR  
Address: 365 TAFT-VINELAND RD., SUITE 105  
City-St-Zip: ORLANDO, FL 32824

Title: VD  
Name: MADISON, PETE  
Address: 4908 OAK ISLAND ROAD  
City-St-Zip: ORLANDO, FL

Title: VD  
Name: RUSSELL, JOHN B  
Address: 2645 CHEROKEE ROAD  
City-St-Zip: ST. CLOUD, FL 34772

Title: STD  
Name: CHALIFOUX, DEBBIE R  
Address: 6105 LAKE LIZZIE DR  
City-St-Zip: SAINT CLOUD, FL 34771

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBBE R. CHALIFOUX

STD

03/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date