

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N0100008721

1. Entity Name
REGENCY POINTE ASSOCIATION, INC.



Principal Place of Business *CJDEPM Services* Mailing Address *CJDEPM Services*
165 WEST STATE ROAD 434 P.O. Box 915322 P.O. BOX 915322
WINTER SPRINGS, FL 32708 LONGWOOD, FL 32791-4322

*Longwood, FL
32791*

2. Principal Place of Business	3. Mailing Address <i>P.O. Box 197043</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>Winter Springs, FL</i>
Zip	Zip <i>32719-7043</i>
Country	Country <i>SEMINOLE</i>

6. Name and Address of Current Registered Agent NATIONAL ASSOCIATION MANAGEMENT COMPANY 165 W. STATE ROAD 434 WINTER SPRINGS, FL 32708	7. Name and Address of New Registered Agent Name <i>Palmerston LLC</i> Street Address (P.O. Box Number is Not Acceptable) <i>165 W. State Rd 434</i> City <i>Winter Springs</i> Zip Code <i>FL 32708</i>
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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 *Shay*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *04/20/06*

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP WOOD, DELMAS 115 INTERNATIONAL PKWY HEATHROW, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>IRVING SAM 142 Parliament Loop Suite 1012 Lake Mary, FL 32746</i>
<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST SODERSTROM, ROGER W 115 INTERNATIONAL PKWY HEATHROW, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, CHARLES H 3527 ACRE COURT HEATHROW, FL 32746	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> 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: *Shay*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06 407-3275824
Date Daytime Phone #

05-01-2006 90484 049 ****61.25

**FILED
May 01, 2006 8:00 am
Secretary of State**