


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N02000002142 |  |
| 1. Entity Name REGENCY HEIGHTS CO-OP, INC. | |

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| Principal Place of Business 2550 STATE ROAD 580 EAST LOT 138A CLEARWATER, FL 33761 | Mailing Address 2550 STATE ROAD 580 EAST LOT 138A CLEARWATER, FL 33761 |
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01042007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 01-0675395 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BOBO, ALLEN 2 N. TAMiami TRAIL #500 SARASOTA, FL 34236 |
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CUMMINS, W. ANSLEY 2550 STATE ROAD 580 EAST LOT 293 CLEARWATER, FL 33761 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FREEDLAND, CHARLES D 2550 STATE RD., 580, EAST LOT 267 CLEARWATER, FL 33761 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HUPPMAN, JOAN Z 2550 STATE RD., 580, EAST LOT 267 CLEARWATER, FL 33761 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MEYER, MARGARET C 2550 STATE ROAD 580 EAST LOT 441 CLEARWATER, FL 33761 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RIMMLER, WILLIAM 2550 STATE ROAD LOT 238 CLEARWATER, FL 33761 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SITEK, JOSPEH F 2550 STATE ROAD 580 EAST, LOT 425 CLEARWATER, FL 33761 |

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01/12/07-80056-012 61.25

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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: *Ansley Cummins* *1/8/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #