

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90052 025 ****61.25

DOCUMENT # N02000002142					
1. Entity Name REGENCY HEIGHTS CO-OP, INC.					
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		
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	4. FEI Number 01-0675395	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOBO, ALLEN 2 N. TAMiami TRAIL #500 SARASOTA, FL 34236			Name <u>Carney Cash</u> Street Address (P.O. Box Number is Not Acceptable) <u>2553 First Ave. North</u> City <u>St. Petersburg</u> FL Zip Code <u>33733</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Allen Bobo</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <u>1-10-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 P	NAME MAUGERE, MICHAEL		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2550 STATE ROAD 580 LOT 152	CITY-ST-ZIP CLEARWATER, FL 33761			STREET ADDRESS	CITY-ST-ZIP
TITLE VP	NAME FREEDLAND, CHARLES D		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2550 STATE RD., 580, EAST LOT 267	CITY-ST-ZIP CLEARWATER, FL 33761			STREET ADDRESS	CITY-ST-ZIP
TITLE S	NAME HUPPMAN, JOAN Z		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2550 STATE RD., 580, EAST LOT 267	CITY-ST-ZIP CLEARWATER, FL 33761			STREET ADDRESS	CITY-ST-ZIP
TITLE T	NAME MEYER, MARGARET C		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2550 STATE ROAD 580 EAST LOT 441	CITY-ST-ZIP CLEARWATER, FL 33761			STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME RIMMLER, WILLIAM		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2550 STATE ROAD LOT 238	CITY-ST-ZIP CLEARWATER, FL 33761			STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME SITEK, JOSPEH F		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2550 STATE ROAD 580 EAST, LOT 425	CITY-ST-ZIP CLEARWATER, FL 33761			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: <u>Michael Maugere</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/19/08</u> <small>Daytime Phone #</small>		