


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02303</b> 1. Entity Name REGENT'S PARK HOMEOWNERS' ASSOCIATION, INC.	
---	---

Principal Place of Business  
3515 REGENT'S PARK  
TAMPA, FL 33629-8956

Mailing Address  
3515 REGENT'S PARK  
TAMPA, FL 33629-8956



**DO NOT WRITE IN THIS SPACE**

03112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2597413	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

FEW, ADELAIDE G.  
3517 REGENT'S PARK  
TAMPA, FL 33629

**DO NOT WRITE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO FEW, ADELAIDE G. 3517 REGENT'S PARK TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GUSTIN, MARION H 3515 REGENTS PARK TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD HUNT, ELINOR P 3518 REGENTS PARK TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000666462  
03/23/07-60071-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** Marion H. Gustin **MARION H. GUSTIN** 3/12/07 813-839-1999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #