


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N02388
 1. Entity Name
REGENCY WEST OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
 501 MARY ESTHER CUTOFF #8 501 MARY ESTHER CUTOFF #8
 FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32548



01092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

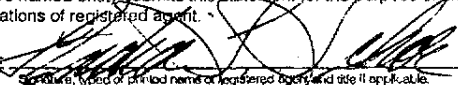
4. FEI Number Applied For
NOT APPLICABLE Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 SCHOR, INDIA
 501 MARY ESTHER CUTOFF #8
 FORT WALTON BEACH, FL 32548

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:  INDIA K. SCHOR 1/8/04 DATE

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

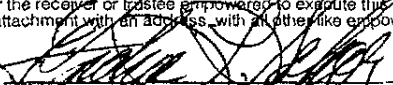

10. OFFICERS AND DIRECTORS

| | |
|-----------------|---------------------------|
| TITLE | PD |
| NAME | MEAD, MICHAEL |
| STREET ADDRESS | 24 N.E. WALTER MARTIN RD. |
| CITY - ST - ZIP | FORT WALTON BCH, FL |
| TITLE | STD |
| NAME | SCHOR, INDIA |
| STREET ADDRESS | 501 N.E. ME CUTOFF #8 |
| CITY - ST - ZIP | FORT WALTON BCH, FL |
| TITLE | VPD |
| NAME | MCMAHON, DON |
| STREET ADDRESS | 4400 BAYOU BLVD. STE #14 |
| CITY - ST - ZIP | PENSACOLA, FL 32503 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

DO NOT WRITE IN THIS SPACE

01092004-01092004-0109 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:   1/8/04 DATE

Signature and typed or printed name of signing officer or director