


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 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

DO NOT WRITE IN THIS SPACE



01072005 No Chg-NP CR2E037 (10/03)

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

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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 _____ 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, 2005

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

000000179828
 01/13/05-80032-020 61.25

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of justice 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: India L. Schor Date: 1/10/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #