


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 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



03022006 No Chg-NP CR2E037 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

000000465897
 03/22/06-80052-020 61.25

10. OFFICERS AND DIRECTORS

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

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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 another like empowered.

SIGNATURE: _____
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #