


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90068 038 \*\*\*\*61.25

**DOCUMENT # N02388**

1. Entity Name  
**REGENCY WEST OWNERS' ASSOCIATION, INC.**



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

Mailing Address  
**501 MARY ESTHER CUTOFF #8  
 FORT WALTON BEACH, FL 32548**

40041487



2. Principal Place of Business - No P.O. Box #  
**501 Mary Esther cut-off**

3. Mailing Address  
**501 Mary Esther cut-off**

Suite, Apt. #, etc.  
**Suite 4**

02022007 Chg-NP CR2E037 (12/06)

City & State  
**Ft. Walton Beach, FL**

City & State  
**Ft. Walton Bch, FL**

Zip  
**32548**

Country  
**USA**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 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**

7. Name and Address of New Registered Agent

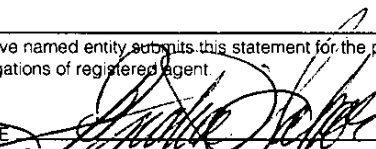
Name  
**PAUL Shirey**

Street Address (P.O. Box Number is Not Acceptable)  
**501 Mary Esther cut-off, Suite 4**

City  
**FT Walton Beach**

FL Zip Code  
**32548**

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 **2/27/07**

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, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Paul Shirey 501 N.E. Mary Esther cut-off, suite 4 FT Walton Beach, FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JASON Shirey 501 Mary Esther cut-off, suite 4 FT Walton Beach, FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Frank Bevington 2660 ADRIAN CT Shalimar, FL 32579	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Paul Shirey** Date **21 Mar 07** Daytime Phone # **376-7001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR