

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90025 019 ****61.25

DOCUMENT # N03000005958

1. Entity Name
REGENCY OAKS AT STONE CREST HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business
165 W SR 434
WINTER SPRINGS, FL 32708

Mailing Address
P.O. BOX 915322
LONGWOOD, FL 32791-5322

60038432



2. Principal Place of Business

5401 S. KIRKMAN RD.

3. Mailing Address

5401 S. KIRKMAN RD

Suite, Apt. #, etc.

STE. 450

Suite, Apt. #, etc.

STE. 450

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32819

Country

US

Zip

32819

Country

US

07102006

Chg-NP

CR2E037 (4/06)

4. FEI Number

02-0699697

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NATIONAL ASSOCIATION MANAGEMENT CO
165 W S.R. 434
WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent

Name **COMMUNITY MANAGEMENT PROFESSIONALS**

Street Address (P.O. Box Number is Not Acceptable)

5401 S. KIRKMAN RD.

INC

STE. 450

City

ORLANDO

FL

Zip Code

32819

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

Eric Wills President

7-10-06

Signature, type or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

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 D ☐ Delete
NAME BENNETT, DANA A
STREET ADDRESS 237 WESTMONTE DR STE 111
CITY - ST - ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D ☐ Delete
NAME WILLS, ERIC K
STREET ADDRESS 237 WESTMONTE DR STE 111
CITY - ST - ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D ☐ Delete
NAME MAGUIRE, COLLEEN
STREET ADDRESS 237 WESTMONTE DR STE 111
CITY - ST - ZIP ALTAMONTE SPRINGS, FL 32714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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: *Eric Wills* ERIC WILLS

7-10-06

407 862-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #