

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90192 007 ****61.25

DOCUMENT # N03344

1. Entity Name
REGENCY SOUTH OWNERS' ASSOCIATION, INC.



Principal Place of Business
**50 BEAL PKWY SW
STE 2
FORT WALTON BEACH, FL 32548**

Mailing Address
**P O BOX 1539
FT WALTON BEACH, FL 32549**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2506455

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOURLEY, WARREN N
50 BEAL PKWY SUITE 2
FT WALTON, FL 32548**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Warren N. Gourley

(NOTE: Registered Agent signature required when reinstating)

24 Apr 06

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

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GOURLEY, WARREN N ☐ Delete
STREET ADDRESS 50 BEAL PKWY SW #2
CITY-ST-ZIP FT WALTON BEACH FL,

TITLE VD ☒ Delete
NAME BECK, MICHAEL O
STREET ADDRESS 2780 NOAH JORDAN ROAD
CITY-ST-ZIP NAVARRE, FL 32566

TITLE STD ☐ Delete
NAME HOWELL, JOHN
STREET ADDRESS 242 CECELIA DR. NW
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

Warren N. Gourley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WARREN N. Gourley

Date

24 Apr 06

Daytime Phone #

850 243 1313