


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90040 004 ****61.25

DOCUMENT # N04000011789													
1. Entity Name LAKE REGENCY WOODS HOMEOWNERS' ASSOCIATION, INC.													
Principal Place of Business 2411 DOG LEG DRIVE SEBRING, FL 33872			Mailing Address 2411 DOG LEG DRIVE SEBRING, FL 33872										
2. Principal Place of Business - No P.O. Box # 239 S. Commerce St		3. Mailing Address 239 S Commerce St											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State Sebring, FL		City & State Sebring FL		4. FEI Number 20-2708394									
Zip 33810		Country Highlands		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent SAPP, ARLAN D 2411 DOG LEG DRIVE SEBRING, FL 33872		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Name Arlan D Sapp</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Street Address (P.O. Box Number is Not Acceptable) 5073 Lake Regency Dr.</td> </tr> <tr> <td style="padding: 5px;">City Sebring</td> <td style="padding: 5px;">FL FL</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Zip Code 33815</td> </tr> </table>				Name Arlan D Sapp		Street Address (P.O. Box Number is Not Acceptable) 5073 Lake Regency Dr.		City Sebring	FL FL	Zip Code 33815	
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City Sebring	FL FL												
Zip Code 33815													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State									
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10										
TITLE D NAME SAPP, ARLAN D STREET ADDRESS 2411 DOG LEG DRIVE CITY-ST-ZIP SEBRING, FL 33872	<input type="checkbox"/> Delete		TITLE NAME 5073 Lake Regency Dr. STREET ADDRESS Sebring FL 33815 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE D NAME LAGROW, KENNETH D STREET ADDRESS 4141 US HWY 27 N STE 4 CITY-ST-ZIP SEBRING, FL 33870	<input type="checkbox"/> Delete		TITLE NAME 3012 Creekside Ct STREET ADDRESS Sebring, FL 33815 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE D NAME LAGROW, RHONDA STREET ADDRESS 4141 US HWY 27 N STE 4 CITY-ST-ZIP SEBRING, FL 33870	<input type="checkbox"/> Delete		TITLE NAME 3012 Creekside Ct. STREET ADDRESS Sebring FL 33815 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition									
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
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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 all other like empowered.													
SIGNATURE: <u>Chloe W. Sapp</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2.23.08 <small>Date</small>		863-381-4755 <small>Daytime Phone #</small>								