

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011789

FILED  
Mar 05, 2010  
Secretary of State

**Entity Name:** LAKE REGENCY WOODS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5073 LAKE REGENCY DRIVE  
SEBRING, FL 33875

**New Principal Place of Business:**

5029 LAKE REGENCY DR  
SEBRING, FL 33875

**Current Mailing Address:**

5073 LAKE REGENCY DRIVE  
SEBRING, FL 33875

**New Mailing Address:**

PO BOX 8352  
SEBRING, FL 33875

**FEI Number:** 20-2708394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAPP, ARLAN D  
5073 LAKE REGENCY DR.  
SEBRING, FL 33875 US

**Name and Address of New Registered Agent:**

GOOD, JAIME A STD  
5029 LAKE REGENCY DR  
SEBRING, FL 33875 US

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.

SIGNATURE: JAIME GOOD

03/05/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SHETKA, GEORGE PD  
Address: 5097 LAKE REGENCY DR  
City-St-Zip: SEBRING, FL 33875

Title: VD  
Name: BELL, CHRISTINE K VD  
Address: 12100 SW MARTIN HWY  
City-St-Zip: PALM CITY, FL 34900

Title: STD  
Name: GOOD, JAIME A  
Address: 5029 LAKE REGENCY DR  
City-St-Zip: SEBRING, FL 33875

Title: D  
Name: SHETKA, ROSE MARIE D  
Address: 5097 LAKE REGENCY DR  
City-St-Zip: SEBRING, FL 33875

Title: D  
Name: COSGRAVE, BRIAN D  
Address: 2600 US 27 NORTH  
City-St-Zip: SEBRING, FL 33875

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAIME GOOD

STD

03/05/2010

Electronic Signature of Signing Officer or Director

Date