

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011789

FILED  
Apr 06, 2011  
Secretary of State

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

**Current Principal Place of Business:**

5029 LAKE REGENCY DR  
SEBRING, FL 33875

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 8352  
SEBRING, FL 33875

**New Mailing Address:**

PO BOX 8352  
SEBRING, FL 33872

**FEI Number:** 20-2708394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

CALLAHAN, JAIME A  
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 CALLAHAN

04/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BLACKMAN, GARY  
Address: 5073 LAKE REGENCY DR  
City-St-Zip: SEBRING, FL 33875

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

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

Title: D  
Name: LABATE, JAMES  
Address: 2839 ALT. US 27 SOUTH  
City-St-Zip: SEBRING, FL 33870

Title: D  
Name: COSGRAVE, BRIAN  
Address: 2600 US 27 NORTH  
City-St-Zip: SEBRING, FL 33870

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 CALLAHAN

STD

04/06/2011

Electronic Signature of Signing Officer or Director

Date