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Aug 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N07008** **(8)**

1. Corporation Name
REGENCY GREEN NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4030 DIJON DRIVE ORLANDO FL 32808	4030 DIJON DRIVE ORLANDO FL 32808-2226

3. Date Incorporated or Qualified: **01/08/1985**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-2557635** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ANGELIA GORDON PROPERTY MANAGEMENT
4030 DIJON DRIVE
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name: ANGELIA GORDON Property Mgmt Inc
82 Street Address (P.O. Box Number is Not Acceptable): 4030 DIJON DRIVE
83 ATTN: ANGELIA GORDON
84 City: ORLANDO FL 85 Zip Code: 32808

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Angelia Gordon — 4/27/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WIMBISH,GEORGE		1.2 NAME		
STREET ADDRESS	1279 REGENCY PLACE #10319		1.3 STREET ADDRESS		
CITY-ST-ZIP	HEATHROW FL 32746		1.4 CITY-ST-ZIP		
TITLE	VP	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GOOD, ROBERT		2.2 NAME		
STREET ADDRESS	1278 REGENCY PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	HEATHROW FL		2.4 CITY-ST-ZIP		
TITLE	TS	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BENNER,MARK		3.2 NAME		
STREET ADDRESS	331 ASHFORD COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	HEATHROW FL 32746		3.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE	[illegible]	☐ Change ☒ Addition
NAME	~~HOLCOMBACH, HAROLD~~		4.2 NAME		
STREET ADDRESS	~~1218 E LANLEY CT~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~HEATHROW FL~~		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HYLTIN,ANDREW		5.2 NAME		
STREET ADDRESS	1268 W LANGLEY CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	HEATHROW FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	~~Brownell, Jim~~		6.2 NAME	Brownell, Jim	
STREET ADDRESS			6.3 STREET ADDRESS	1251 EAST LANGLEY Court	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	HEATHROW, FL 32746	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] OFFICER