2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006
Secretary of State

DOCUMENT# N07008

Entity Name: REGENCY GREEN NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-2557635 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 S SR 434, STE. 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	MCKEE, JOHN	
Address:	343 ASHFORD CT	
City-St-Zip:	HEATHROW, FL 32746	
Title:	PD	( ) Delete
Name:	ARNOLD, MORRIE	
Address:	1226 E LANGLEY CT	
City-St-Zip:	HEATHROW, FL 32746	
Title:	SD	( ) Delete
Name:	WHITE, JANET	
Address:	1250 E LANGLEY CT	
City-St-Zip:	HEATHROW, FL 32746	
Title:	VPD	( ) Delete
Name:	FALCONETTI, JEAN	
Address:	327 ASHFORD CT	
City-St-Zip:	HEATHROW, FL 32746	
Title:	D	( ) Delete
Name:	COLTON, FRED	
Address:	344 ASHFORD CT	
City-St-Zip:	HEATHROW, FL 32746	
Title:	D	( ) Delete
Name:	GREENBAUM, LEN	
Address:	1227 E LANGLEY CT	
City-St-Zip:	HEATHROW, FL 32746	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	MCKEE, JOHN	
Address:	343 ASHFORD CT	
City-St-Zip:	HEATHROW, FL 32746	
Title:	VPD	(X) Change ( ) Addition
Name:	ARNOLD, MORRIE	
Address:	1226 E LANGLEY CT	
City-St-Zip:	HEATHROW, FL 32746	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	FALCONETTI, JEAN	
Address:	327 ASHFORD CT	
City-St-Zip:	HEATHROW, FL 32746	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN MCKEE PD 03/17/2006

Electronic Signature of Signing Officer or Director — Date