

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90383 027 ****61.25

DOCUMENT # N07008 1. Entity Name REGENCY GREEN NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044			Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02202008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2557635	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HART, JAMES W JR. SENTRY MANAGEMENT INC 2180 S SR 434, STE. 5000 LONGWOOD, FL 32779			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD MCKEE, JOHN 343 ASHFORD CT HEATHROW, FL 32746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZEROFSKY, MIKE 386 WINSFORD CT HEATHROW, FL 32746	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARNOLD, MORRIE 1226 E LANGLEY CT HEATHROW, FL 32746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITE, JANET 1250 E LANGLEY CT HEATHROW, FL 32746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D White, Janet 1250 E Langley CT. Heathrow, FL 32746	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FALCONETTI, JEAN 327 ASHFORD CT HEATHROW, FL 32746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD falconetti, Jean 327 Ashford CT Heathrow, FL 32746	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLTON, FRED 344 ASHFORD CT HEATHROW, FL 32746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBAUM, LEN 1227 E LANGLEY CT HEATHROW, FL 32746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: _____			Date 4-23-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Daytime Phone # _____					