FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **N13856** **(2)**

1. Corporation Name

REGENCY PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5905 ENGLAND AVENUE P. O. BOX 680683 ORLANDO FL 32868 US	5619 TAMMANY CT P. O. BOX 680683 ORLANDO FL 32808-0683 US

3. Date Incorporated or Qualified: 03/17/1986
3a. Date of Last Report: 10/09/1995

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: 59-2778367 ☐ 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

WALSTAD, SUSAN
5619 TAMMANY CT
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WALSTAD, SUSAN		1.2 NAME		
STREET ADDRESS	5619 TAMMANY CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		1.4 CITY-ST-ZIP		
TITLE	M	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCCREA, REBECCA J.		2.2 NAME		
STREET ADDRESS	5409 HYDE PARK AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ARNETT, ARMAND		3.2 NAME		
STREET ADDRESS	5932 NORVALE CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LAWRENCE, BETSY		4.2 NAME		
STREET ADDRESS	5816 ENGLAND AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WISE, CHRIS		5.2 NAME		
STREET ADDRESS	5918 ENGLAND AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PRASKY, KERI		6.2 NAME		
STREET ADDRESS	5503 HYDE PARK AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Susan Walstad 3/4/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #