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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

5905 ENGLAND AVENUE
P. O. BOX 680683
ORLANDO FL 32868
US

Mailing Address

5619 TAMMANY CT
P. O. BOX 680683
ORLANDO FL 32808-1425
US

3. Date Incorporated or Qualified: 03/17/1986

3a. Date of Last Report: 03/20/1996

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

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

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 [signature] Treasurer 3/5/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	WALSTAD, SUSAN	
STREET ADDRESS	5619 TAMMANY CT	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	M	☐ DELETE
NAME	MCCREA, REBECCA J.	
STREET ADDRESS	5409 HYDE PARK AVENUE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	T	☐ DELETE
NAME	ARNETT, ARMAND	
STREET ADDRESS	5932 NORVALE CT.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	S	☐ DELETE
NAME	LAWRENCE, BETSY	
STREET ADDRESS	5816 ENGLAND AVE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	VD	☐ DELETE
NAME	WISE, CHRIS	
STREET ADDRESS	5918 ENGLAND AVE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	VD	☐ DELETE
NAME	PRASKY, KERI	
STREET ADDRESS	5503 HYDE PARK AVE	
CITY-ST-ZIP	ORLANDO FL 32808	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: [signature] Treasurer (407) 299-2986 3/5/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0016910