2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
01-29-2001 90198 037 ****61.25

DOCUMENT # N13856

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	P.O. Box 680683
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Orlando, FL ~~32808~~
Zip / Country	Zip: 32868-0683 / Country: US

4. FEI Number: 59-2778367 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALSTAD, SUSAN
5619 TAMMANY CT
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name: KEN CARTER
Street Address (P.O. Box Number is Not Acceptable): 5544 BRITAN DR.
City: ORLANDO **FL** Zip Code: 32808

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.

X SIGNATURE: Ken Carter — 1-18-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALSTAD, SUSAN 5619 TAMMANY CT ORLANDO FL 32808	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DIRECTOR~~ D/P KEN CARTER 5544 BRITAN DR. ORLANDO, FL 32808	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T LAWRENCE, BETSY 5816 ENGLAND AVE ORLANDO FL 32808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DIRECTOR~~ D/S RALPH GARRETT 5490 BRITAN DR. ORLANDO, FL 32808	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLIS, CHARLES 5561 PARKHURST DR ORLANDO FL 32808	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DIRECTOR~~ D/V SANDY HART 5442 BRITAN DR. ORLANDO, FL 32808	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DIRECTOR~~ D/ASST.S CHESTER BENNETT 5543 PARK HURST DR. ORLANDO, FL 32808	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. I 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 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.

X **SIGNATURE:** Ken Carter SIGNATURE REQUIRED — 1-18-01 — 407 293-1587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #