

2002 UNIFORM BUSINESS REPORT (UBR)

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

PO BOX 680683
ORLANDO FL 32868-0683
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

CARTER, KEN
5544 BRITAN DR
ORLANDO FL 32808

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.

SIGNATURE

Ken Carter

Director
President

1-21-02

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 DP
NAME CARTER, KEN
STREET ADDRESS 5544 BRITAN DR
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE D
NAME LAWRENCE, BETSY
STREET ADDRESS 5816 ENGLAND AVE
CITY-ST-ZIP ORLANDO FL 32808 ☒ Delete

TITLE DS
NAME GARRETT, RALPH
STREET ADDRESS 5490 BRITAN DR
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE DV
NAME HART, SANDY
STREET ADDRESS 5442 BRITANDR
CITY-ST-ZIP ORLANDO FL 32808 ☒ Delete

TITLE DAST
NAME BENNETT, CHESTER
STREET ADDRESS 5543 PARK HURST DR
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE DV
NAME Lori Benefiel
STREET ADDRESS 5831 Fox Hunt Trail
CITY-ST-ZIP Orlando, FL 32808 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DT
NAME Chester Bennett
STREET ADDRESS 5543 Park Hurst Drive
CITY-ST-ZIP Orlando, FL 32808 ☒ Change ☐ Addition

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 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.

SIGNATURE:

Ken Carter

1-21-02

407 445 2703

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)