2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # N13856 04-26-2004 90485 017 ****61.25 REGENCY PARK HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address **5905 ENGLAND AVENUE** PO BOX 680683 P. O. BOX 680683 ORLANDO, FL 32868-0683 US ORLANDO, FL 32868 2. Principal Place of Business HARA MANAGEMENT Suite, Apt. #, etc. "N" WYNDRE PL 04092004 Chg-NP CR2E037 (10/03) City & State 4. FEI Number 59-2778367 Applied For 2 PARK FL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ... HARA, ROBERT 118 N. WYMORE RD. Street Address (P.O. Box Number is Not Acceptable) WINTER PARK, FL 32789 City Zip Code FL 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 reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE DΡ ☐ Delete TITLE ☑ Change ☐ Addition NAME CARTER, KEN NAME CALTEL KEN STREET ADDRESS 5544 BRITAN DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP TITLE DS ☐ Delete TITLE ☐ Chance ☐ Addition GARRETT, RALPH NAME MALE STREET ADDRESS 5490 BRITAN DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP Delete -_TITLE BENNETT, CHESTER NAME NAME 5543 PARK HURST DR STREET ADDRESS STREET ADDRESS ORLANDO, FL 32808 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition BENEFIEL, LORI NAME NAME STREET ADDRESS 5831 FOX HUNT TRAIL STREET ADDRESS CDY-ST-7P ORLANDO, FL 32808 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition DOUGLAS NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE **Addition** ☐ Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

4-21-2004

*+ ** Date 3

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, Daytime Phone #

FILED