

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90039 006 ****61.25

DOCUMENT # N13856

1. Entity Name
REGENCY PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**5905 ENGLAND AVENUE
P. O. BOX 680683
ORLANDO, FL 32868 US**

Mailing Address
**HARA MANAGEMENT
118 N. WYMORE RD
WINTER PARK, FL 32789 US**

60007721



01112006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2778367

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HARA, ROBERT
118 N. WYMORE RD.
WINTER PARK, FL 32789**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT CARTER, KEN 5544 BRITAN DR ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GARRETT, RALPH 5490 BRITAN DR ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BENEFIEL, LORI 5831 FOX HUNT TRAIL ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROWLAND, DOUGLAS 5452 HIGGINS WAY ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAMIREZ, BENJAMIN 5341 HYDE PARK AVE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-2006 407 2931587

Date

Daytime Phone #