


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90019 025 \*\*\*\*61.25

<b>DOCUMENT # N13856</b> 1. Entity Name <b>REGENCY PARK HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>5905 ENGLAND AVENUE P. O. BOX 680683 ORLANDO, FL 32868 US</b>			Mailing Address <b>HARA MANAGEMENT 118 N. WYMORE RD WINTER PARK, FL 32789 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>HARA, ROBERT 118 N. WYMORE RD. WINTER PARK, FL 32789</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PT		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	CARTER, KEN <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	5544 BRITAN DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP		
TITLE	DS		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	GARRETT, RALPH <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	5490 BRITAN DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP		
TITLE	DV		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	BENEFIEL, LORI <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	5831 FOX HUNT TRAIL		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP		
TITLE	D		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	ROWLAND, DOUGLAS <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	5452 HIGGINS WAY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP		
TITLE	D		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	RAMIREZ, BENJAMIN <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	5341 HYDE PARK AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME			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 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.					
<b>SIGNATURE:</b> <i>Kenneth A. Carr</i>			<b>3-15-07</b>		<b>407 293 1587</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>