

**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>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01092007 Chg-NP CR2E037 (12/06)

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>HARA, ROBERT 118 N. WYMORE RD. WINTER PARK, FL 32789</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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. 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

<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>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARTER, KEN			NAME			
STREET ADDRESS	5544 BRITAN DR			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32808			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARRETT, RALPH			NAME			
STREET ADDRESS	5490 BRITAN DR			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32808			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENEFIEL, LORI			NAME			
STREET ADDRESS	5831 FOX HUNT TRAIL			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32808			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROWLAND, DOUGLAS			NAME			
STREET ADDRESS	5452 HIGGINS WAY			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32808			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RAMIREZ, BENJAMIN			NAME			
STREET ADDRESS	5341 HYDE PARK AVE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32808			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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.

**SIGNATURE:** Kenneth A. Cant **3-15-07** **407 293 1587**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #