

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90322 004 ****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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.
931 S. SEMORAN Blvd #214

Suite, Apt. #, etc.
931 S. SEMORAN Blvd #214

02132008 Chg-NP CR2E037 (12/06)

City & State
WINTER PARK, FL

City & State
WINTER PARK, FL

4. FEI Number
59-2778367

Applied For
Not Applicable

Zip
32792

Country

Zip
32792

Country

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

HARA, ROBERT
448 N. WYMORE RD.
WINTER PARK, FL 32789

Name
Robert HARA
Street Address (P.O. Box Number is Not Acceptable)
C/O HARA MANAGEMENT, INC
931 S. SEMORAN Blvd #214
City
Winter Park FL Zip Code
32792

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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PT CARTER, KEN 5544 BRITAN DR ORLANDO, FL 32808 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS GARRETT, RALPH 5490 BRITAN DR ORLANDO, FL 32808 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DV BENEFIEL, LORI 5831 FOX HUNT TRAIL ORLANDO, FL 32808 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ROWLAND, DOUGLAS 5452 HIGGINS WAY ORLANDO, FL 32808 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D RAMIREZ, BENJAMIN 5341 HYDE PARK AVE ORLANDO, FL 32808 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P/D CARTER, KEN 5544 BRITAN DRIVE ORLANDO, FL 32808 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T/D ROWLAND, DOUG 5452 HIGGINS WAY ORLANDO, FL 32808 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S/D NIKKI MATHIS MCGEE 5508 PARKHURST DR. ORLANDO, FL 32808 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Lori Benefiel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

Date

Daytime Phone #