

FILED
Apr 03, 2003 8:00 am
Secretary of State

03-03-2003 90496 032 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

3/3

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 PO BOX 680683 ORLANDO FL 32868-0683 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2778367		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARTER, KEN 5544 BRITAN DR ORLANDO FL 32808		7. Name and Address of New Registered Agent Name Robert Hara, Hara Management, Inc Street Address (P.O. Box Number is Not Acceptable) 118 N. Wymore Rd. City Winter Park FL Zip Code 32789	
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 Ken Carter President Robert Hara, Registered Agent 3-31-03 Date 2-20-03 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARTER, KEN 5544 BRITAN DR ORLANDO FL 32808 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GARRETT, RALPH 5490 BRITAN DR ORLANDO FL 32808 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BENNETT, CHESTER 5543 PARK HURST DR ORLANDO FL 32808 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BENEFIEL, LORI 5831 FOX HUNT TRAIL ORLANDO FL 32808 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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.			
SIGNATURE: SIGNATURE REQUIRED		Date 2/20/03 Daytime Phone #	

CR2E037 (10/02)