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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29186 (6)**

1. Corporation Name

REGENCY OAKS CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4445 BREAKWATER BLVD
SPRING HILL FL 34607

4445 BREAKWATER BLVD
SPRING HILL FL 34607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1988

3a. Date of Last Report

02/25/1994

4. FEI Number

65-0092069

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CONSTANTS, DOROTHY
4445 BREAKWATER BLVD
SPRING HILL FL 34607

10. Name and Address of New Registered Agent

81 Name **Jean Durante**
82 Street Address (P.O. Box Number is Not Acceptable)
4445 Breakwater Blvd
83
84 City **Spring Hill** FL 85 Zip Code **34607**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Jean Durante

2/21/95

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SHIRLEY WEISBERGER
STREET ADDRESS	4445 BREAKWATER BLVD.
CITY-ST-ZIP	SPRING HILL FL
TITLE	VD
NAME	WILLIAM HAMM
STREET ADDRESS	4445 BREAKWATER BLVD.
CITY-ST-ZIP	SPRING HILL FL
TITLE	S
NAME	CONSTANTS, DOROTHY
STREET ADDRESS	4445 BREAKWATER BLVD.
CITY-ST-ZIP	SPRING HILL FL
TITLE	V
NAME	JOSEPH GOODRICH
STREET ADDRESS	4445 BREAKWATER BLVD.
CITY-ST-ZIP	SPRING HILL FL
TITLE	TD
NAME	JOHN MCCOSKEY
STREET ADDRESS	4445 BREAKWATER BLVD.
CITY-ST-ZIP	SPRING HILL FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dorothy Constants	
1.3 STREET ADDRESS	4445 Breakwater Blvd.	
1.4 CITY-ST-ZIP	Spring Hill, FL 34607	
2.1 TITLE	1st V D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dee Smith	
2.3 STREET ADDRESS	4445 Breakwater Blvd	
2.4 CITY-ST-ZIP	Spring Hill, FL 34607	
3.1 TITLE	Secy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jean Durante	
3.3 STREET ADDRESS	4445 Breakwater Blvd	
3.4 CITY-ST-ZIP	Spring Hill, FL 34607	
4.1 TITLE	2nd V D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Joseph Goodrich	
4.3 STREET ADDRESS	4445 Breakwater Blvd	
4.4 CITY-ST-ZIP	Spring Hill, FL 34607	
5.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	John McCoskey	
5.3 STREET ADDRESS	4445 Breakwater Blvd	
5.4 CITY-ST-ZIP	Spring Hill, FL 34607	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jean Durante - Secretary

2/21/95

904-597-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(Type in Box 4)