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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29186 (6)
 1. Corporation Name
REGENCY OAKS CIVIC ASSOCIATION, INC.



Principal Place of Business 4445 BREAKWATER BLVD SPRING HILL FL 34607	Mailing Address 4445 BREAKWATER BLVD SPRING HILL FL 34607
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3. Date Incorporated or Qualified 11/08/1988	
4. FEI Number 65-0092069	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**DURANTE, JEAN
 4445 BREAK WATER BLVD
 SPRING HILL FL 34607**

10. Name and Address of New Registered Agent

81 Name Hafeken Maryann
82 Street Address (P.O. Box Number is Not Acceptable) 4445 Breakwater Boulevard
83
84 City Spring Hill
85 Zip Code FL 34607

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Maryann Hafeken DATE January 22, 1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input type="checkbox"/> DELETE	1.1 TITLE First Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCMILLAN, JOHN		1.2 NAME Grossenheider, Dorothy	
STREET ADDRESS 4445 BREAKWATER BLVD.		1.3 STREET ADDRESS 4445 Breakwater Boulevard	
CITY-ST-ZIP SPRING HILL FL		1.4 CITY-ST-ZIP Spring Hill, FL 34607	
TITLE FVD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SMITH, DEE		2.2 NAME Weisberger Shirley	
STREET ADDRESS 4445 BREAKWATER BLVD.		2.3 STREET ADDRESS 4445 Breakwater Boulevard	
CITY-ST-ZIP SPRING HILL FL		2.4 CITY-ST-ZIP Spring Hill, FL 34607	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DURANTE, JEAN		3.2 NAME Hafeken, Maryann	
STREET ADDRESS 4445 BREAKWATER BLVD.		3.3 STREET ADDRESS 4445 Breakwater Boulevard	
CITY-ST-ZIP SPRING HILL FL		3.4 CITY-ST-ZIP Spring Hill, FL 34607	
TITLE 4VPD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOODRICH, JOSEPH		4.2 NAME	
STREET ADDRESS 4445 BREAKWATER BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP SPRING HILL FL 34607		4.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COVERT, MARTHA T		5.2 NAME	
STREET ADDRESS 4445 BREAKWATER BLVD.		5.3 STREET ADDRESS	
CITY-ST-ZIP SPRING HILL FL		5.4 CITY-ST-ZIP	
TITLE 3VPD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORAN, MICHAEL		6.2 NAME	
STREET ADDRESS 4445 BREAKWATER BLVD.		6.3 STREET ADDRESS	
CITY-ST-ZIP SPRING HILL FL		6.4 CITY-ST-ZIP	

14. 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 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: Martha L. Covert Martha L. Covert Treasurer 1/3/97

CR2E037 (10/97)