

FILING FEE IS \$61.25

FILED
Oct 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998 ~~1997~~ - AMENDED



FLOUIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29186
1. Corporation Name
REGENCY OAKS CIVIC ASSOCIATION, INC.

Principal Place of Business Mailing Address
4445 BREAKWATER BLVD. 4445 BREAKWATER BLVD.
SPRING HILL, FL 34607 SPRING HILL, FL 34607

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

3. Date Incorporated or Qualified 11/08/1988
3a. Date of Last Report Feb. 1997
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MARYANN M. HAFEKEN
4445 BREAKWATER BOULEVARD
SPRING HILL, FLORIDA 34607

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 500002656515
83 ***61.25
84 City FL 85 Zip Code

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 M. Hafeken* Secretary 9-19-98
Signature of the registered office or registered agent and how applicable (if the registered agent is required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE: PD	NAME: Shirley Weisberger	STREET ADDRESS: 4445 Breakwater Blvd.	CITY-ST-ZIP: Spring Hill, FL 34607	<input checked="" type="checkbox"/> DELETE
TITLE: TD	NAME: Marti Covert	STREET ADDRESS: 4445 BREAKWATER BLVD.	CITY-ST-ZIP: SPRING HILL, FL 34607	<input checked="" type="checkbox"/> DELETE
TITLE: SD	NAME: MARYANN M. HAFEKEN	STREET ADDRESS: 4445 BREAKWATER BLVD.	CITY-ST-ZIP: SPRING HILL, FL 34607	<input checked="" type="checkbox"/> DELETE
TITLE: FVB	NAME: JOHN MC MILLAN	STREET ADDRESS: 4445 BREAKWATER BLVD.	CITY-ST-ZIP: SPRING HILL, FL 34607	<input checked="" type="checkbox"/> DELETE
TITLE: 3VD	NAME: MICHAEL MORAN	STREET ADDRESS: 4445 BREAKWATER BLVD.	CITY-ST-ZIP: SPRING HILL, FL 34607	<input checked="" type="checkbox"/> DELETE
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: PD	12 NAME: DOROTHY GROSSENHEIDER	13 STREET ADDRESS: 4445 BREAKWATER BLVD.	14 CITY-ST-ZIP: SPRING HILL, FL 34607	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE: TD	22 NAME: DENVER CRABBS	23 STREET ADDRESS: 4445 BREAKWATER BLVD.	24 CITY-ST-ZIP: SPRING HILL, FL 34607	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE: SD	32 NAME: MARYANN M. HAFEKEN	33 STREET ADDRESS: 4445 BREAKWATER BLVD.	34 CITY-ST-ZIP: SPRING HILL, FL 34607	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE: FVD	42 NAME: MICHAEL MORAN	43 STREET ADDRESS: 4445 BREAKWATER BLVD.	44 CITY-ST-ZIP: SPRING HILL, FL 34607	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE: 2 VD	52 NAME: JOHN MCMILLAN	53 STREET ADDRESS: 4445 BREAKWATER BLVD.	54 CITY-ST-ZIP: SPRING HILL, FL 34607	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE: 4VD	62 NAME: JOSEPH GOODRICH	63 STREET ADDRESS: 4445 BREAKWATER BLVD.	64 CITY-ST-ZIP: SPRING HILL, FL 34607	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Maryann M. Hafeken* 9-19-98 352-596-2679
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)