

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90021 021 \*\*\*\*61.25

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

Principal Place of Business <b>4445 BREAKWATER BLVD SPRING HILL FL 34607</b>	Mailing Address <b>4445 BREAKWATER BLVD SPRING HILL FL 34607</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0092069</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**HAFEKEN**  
**HAFEKAN, MARYANN**  
**4445 BREAKWATER BOULEVARD**  
**SPRING HILL FL 34607**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.  
 SIGNATURE **MARYANN HAFEKEN, Secretary Maryann Hafeken 2-1-2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rehashing) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SMITH, DEE 4445 BREAKWATER BLVD. SPRINGHILL FL 34607</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD CRABBS, DENVER 4445 BREAKWATER BLVD. SPRING HILL FL 34607</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD HAFEKEN, 4445 BREAKWATER BLVD. SPRING HILL FL 34607</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FVD SMITH, CAROL 4445 BREAKWATER BLVD. SPRING HILL FL 34607</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VD MCMILLIAN, JOHN 4445 BREAKWATER BLVD. SPRING HILL FL 34607</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD DE THOMAS, ELIZABETH 4445 BREAKWATER BLAVD. SPRING HILL FL 34607</b>	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KINGETER, WILLIAM 4445 BREAKWATER Blvd. SPRING HILL, FL 34607</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD HAFEKEN, MARYANN 4445 BREAKWATER Blvd. SPRING Hill, FL 34607</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FVD CANNON, NANCY 4445 BREAKWATER Blvd. SPRING Hill, FL 34607</b>	<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

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: Maryann Hafeken MARYANN HAFEKEN, Secretary 2-1-2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)