

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90059 017 ****70.00

DOCUMENT # N29186
 1. Entity 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**



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **65-0092069**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ANDERSON, THERESA D
4445 BREAKWATER BOULEVARD
SPRING HILL FL 34607

7. Name and Address of New Registered Agent
 Name: **TERESA M. DARMANIN ANDERSON**
 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: *Theresa M Darmanin Anderson (Trust Director)* DATE: **1/29/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: PD	CONSTANCE, DOROTHY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 4445 BREAKWATER BLVD.	SPRINGHILL FL 34607	
TITLE: VPD	HANDEL, SHIRLEY	<input type="checkbox"/> Delete
STREET ADDRESS: 4445 BREAKWATER BLVD.	SPRING HILL FL 34607	
TITLE: SD	ANDERSON, THERESA D	<input type="checkbox"/> Delete
STREET ADDRESS: 4445 BREAKWATER BLVD.	SPRING HILL FL 34607	
TITLE: TD	TERRY, ANNA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 4445 BREAKWATER BLVD.	SPRING HILL FL 34607	
TITLE: D	MAXWELL, LINDA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 4445 BREAKWATER BLVD.	SPRING HILL FL 34607	
TITLE: D	ARBUCKLE, PAT	<input type="checkbox"/> Delete
STREET ADDRESS: 4445 BREAKWATER BLVD.	SPRING HILL FL 34607	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD	HOTTEL/JIM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 4445 BREAKWATER BLVD	SPRING Hill FL. 34607	
TITLE: D		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	KENNEDY/ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 4445 BREAKWATER BLVD	SPRING Hill FL 34607	
TITLE: SD	REILLY/FRANK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 4445 BREAKWATER BLVD.	SPRING HILL FLORIDA 34607	
TITLE: D	CUOMO/CATHERINE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 4445 BREAKWATER BLVD	SPRING HILL FLORIDA 34607	

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: *Theresa M Darmanin Anderson* DATE: **1/29/04** 352-596-9213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #