2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 05, 2007 8:00 am Secretary of State DOCUMENT # N29186 1. Entity Name 02-05-2007 90089 046 ****70.00 REGENCY OAKS CIVIC ASSOCIATION, INC. Principal Place of Business Mailing Address 4445 BREAKWATER BLVD 7428 COOL BREEZE CT SPRING HILL FL 34607 SPRING HILL FL 34607 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 65-0092069 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DARMANN ANDERSON, THERESA M 7428 COOL BREEZE CT SPRING HILL FL 34607 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. D TITLE PD Delete HILE Change Addition WRIGHT FARRELL, EDWARD NAME NAME 7232 STAGHORN DR. STREET ADDRESS 5059 BREAKWATER BLVD STREET ADORESS CITY-ST-ZIP CITY ST-ZIP SPRINGHILL FL 34607 34601 TITLE ☐ Delete HILLE NAME HANDEL, SHIRLEY NAME 4461 GASTON STREET ADDRESS STREET ADDRESS 4445 BREAKWATER BLVD. CITY-ST-7IP CITY ST ZIP PRING SPRING HILL FL 34607 Change HILE ☐ Defete ☐ Addition HILE DARMANIN-ANDERSON, NAME ANDERSON DARMANNIN / THERESA NAME Dieresa 7428 COOL BREEZE STREET ADDRESS 7428 COOL BREEDZE CT STREET ADORESS CITY-ST-ZIP CITY - ST - ZIP HUDSON FL 34667 SPRING HIL HILE Delele **Addition** VD JEFFREY, JOYCE NAME NAME JOHNSON, BEN STREET ADDRESS STREET ADDRESS 354 5100 CHAMELEON CT CITY-ST-7IP CITY - ST - ZIP SPRING HILL FL 34607 TITLE SD Delete TITLE CHILDS. NAME MOORE, CAROL NAME STREET ADDRESS 5041 PLUMOSA ST STREET ADDRESS 4402 CATY - ST - 7IP SPRING HILL FL 34607 CITY ST-ZIP HILE Delete HILE D ☐ Addition NAME PATAT, NANCY NAME STREET ADDRESS | 5107 SILHOUETTE CT STREET ADDRESS SPRING HILL FL 34607 CITY ST-ZIP

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indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exocute 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dialog Director of the corporation of the receiver of the true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the true and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the corporation of the receiver of the true and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the true and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the corporation of

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information