

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90016 031 \*\*\*\*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: **7428 COOL BREEZE CT SPRING HILL FL 34607**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.  
 1st MOORE CR2E037 (10/07)

City & State

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

Zip: Country

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

6. Name and Address of Current Registered Agent  
**DARMANIN-ANDERSON, THERESA M**  
**7428 COOL BREEZE CT**  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Theresa M. Darmanin-Anderson* / **THERESA M. DARMANIN-ANDERSON** 3/5/08  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature can read when scanning) DATE)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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 NAME: WRIGHT, AL C STREET ADDRESS: 7232 STAGHORN DR CITY-ST-ZIP: SPRING HILL FL 34607	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: HANDEL, SHIRLEY STREET ADDRESS: 4461 GASTON ST CITY-ST-ZIP: SPRING HILL FL 34607	<input type="checkbox"/> Delete
TITLE: TD NAME: DARMANIN-ANDERSON, THERESA M STREET ADDRESS: 7428 COOL BREEZE CT CITY-ST-ZIP: HUDSON FL 34667	<input type="checkbox"/> Delete
TITLE: VD NAME: JOYCE, JEFFREY STREET ADDRESS: 7354 ALOE DR CITY-ST-ZIP: SPRING HILL FL 34607	<input type="checkbox"/> Delete
TITLE: SD NAME: CHILDS, FRANCES STREET ADDRESS: 4402 PLUMOSA ST CITY-ST-ZIP: SPRING HILL FL 34607	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P/D NAME: ALAN BOLAND STREET ADDRESS: 7330 ALOE DR. CITY-ST-ZIP: SPRING HILL, FL 34607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: I NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GEORGE HAYNES STREET ADDRESS: 7444 Cool Breeze Ct CITY-ST-ZIP: SPRING HILL FL 34607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: S/D CAROL MADEN STREET ADDRESS: 5087 PANTHER DR CITY-ST-ZIP: SPRING HILL FL 34607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: SHIRLEY WEISBERGER STREET ADDRESS: 7352 Cove Shell DR CITY-ST-ZIP: SPRING HILL FL 34607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 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 empowerers.

SIGNATURE: *Theresa M. Darmanin-Anderson* / **THERESA M. DARMANIN-ANDERSON** 3/5/08 352-596-9213