


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90109 023 ****61.25

DOCUMENT # N42816	
1. Entity Name REGAL COVE COMMUNITY ASSOCIATION, INC.	

Principal Place of Business 1503 REGAL COVE BOULEVARD KISSIMMEE FL 34744 US	Mailing Address 1503 REGAL COVE BOULEVARD KISSIMMEE FL 34744 US
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2. Principal Place of Business 1508 Regal Cove Boulevard Suite, Apt. #, etc.	3. Mailing Address P.O. Box 701885 Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/04)

City & State Kissimmee, FL	City & State St. Cloud, FL
Zip 34744	Country U.S.
Zip 34770-1885	Country U.S.

4. FEI Number 59-3060462	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOLFF, JEFFREY 1503 REGAL COVE BOULEVARD KISSIMMEE FL 34744	
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7. Name and Address of New Registered Agent	
Name John Crawford	
Street Address (P.O. Box Number is Not Acceptable) 1508 Regal Cove Boulevard	
City Kissimmee	Zip Code FL 34744

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 obligation of registered agent.	
SIGNATURE John R. Crawford Signature, typed or printed name of registered agent and title if applicable	John Crawford, Treasurer (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOUMANKIN, LISA 1612 REGAL COVE CT KISSIMMEE FL 34744 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEATHER MANGUM 1505 REGAL COVE BOULEVARD KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOLFF, JEFFREY 1503 REGAL COVE BOULEVARD KISSIMMEE FL 34744 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHN CRAWFORD 1508 REGAL COVE BOULEVARD KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS LITTLEFIELD 1636 REGAL COVE COURT KISSIMMEE, FL 34744 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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.	
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SIGNATURE: Heather Mangum SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Heather Mangum, Secretary	March 30, 2005 Date	407944-0704 Daytime Phone #
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