

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

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90391 026 \*\*\*\*61.25

**DOCUMENT # N94000003895**

1. Entity Name

REGENCY LAKES COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O CAMPBELL PROPERTY MANAGEMENT  
1215 E HILLSBORO BLVD  
DEERFIELD BCH FL 33441  
US

C/O CAMPBELL PROPERTY MANAGEMENT  
1215 E HILLSBORO BLVD  
DEERFIELD BCH FL 33441  
US

40001002



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0515216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL PROP MGMT  
1215 E HILLSBORO BLVD  
DEERFIELD BEACH FL 33441

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

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**  
**Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME KARNEY, JOYCE  
STREET ADDRESS 5510 LAKE TERN PL  
CITY- ST- ZIP COCONUT CREEK FL 33073

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE VPD ☒ Delete  
NAME KARNEY, JOYCE  
STREET ADDRESS 5510 LAKE TERN PLACE  
CITY- ST- ZIP COCONUT CREEK FL 33073

TITLE ☐ Change ☐ Addition  
NAME V Pres / Sec  
STREET ADDRESS Silver Gator  
CITY- ST- ZIP 5301 Flamingo Place  
COCONUT CREEK, FL 33073

TITLE T ☐ Delete  
NAME CATANIA, NICK  
STREET ADDRESS 6233 OSPERY TERRACE  
CITY- ST- ZIP COCONUT CREEK FL 33073

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE VPD ☒ Delete  
NAME BLUM, GARY  
STREET ADDRESS 5030 HERON CT  
CITY- ST- ZIP COCONUT CREEK FL 33073

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 empowered.

SIGNATURE:

*Nick Catania*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #