


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90017 001 ****61.25

DOCUMENT # N98000003380					
1. Entity Name REGENCY PLACE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 5695 BEGGS ROAD SUITE B-100 ORLANDO, FL 32810		Mailing Address 5695 BEGGS ROAD SUITE B-100 ORLANDO, FL 32810			
2. Principal Place of Business ISS KING HENRY CT.		3. Mailing Address ISS KING HENRY CT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DAVENPORT, FL		City & State DAVENPORT, FL		4. FEI Number 59-3518982	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33837		Country USA		Zip 33837	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SUTHERLAND, THERESA 5695 BEGGS RD SUITE B-100 ORLANDO, FL 32810			Name CHERYL LATTINVILLE		
			Street Address (P.O. Box Number is Not Acceptable) ISS KING HENRY CT.		
			City DAVENPORT		
			FL Zip Code 33837		
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 <i>Cheryl Lattinville</i> CHERYL LATTINVILLE				DATE 1-8-2005	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing 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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, ANDREW		NAME	CHERYL LATTINVILLE	
STREET ADDRESS	457 LADY DIANA DRIVE		STREET ADDRESS	ISS KING HENRY CT.	
CITY-ST-ZIP	DAVENPORT, FL 33837		CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURTHA, PETE		NAME	JIM SAVORY	
STREET ADDRESS	122 PRINCE CHARLES DR		STREET ADDRESS	142 PRINCE CHARLES DR.	
CITY-ST-ZIP	DAVENPORT, FL 33837		CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORREIA, MICHAEL		NAME	SANDRA NEWTON	
STREET ADDRESS	722 LADY DIANA DR		STREET ADDRESS	135 KING HENRY CT.	
CITY-ST-ZIP	DAVENPORT, FL 33837		CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE		<input type="checkbox"/> Delete	TITLE	D=ASSISTANT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	IRVING ARMSTRONG	
STREET ADDRESS			STREET ADDRESS	ISS KING HENRY CT.	
CITY-ST-ZIP			CITY-ST-ZIP	DAVENPORT, FL 33837	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Sandra Newton</i> SANDRA NEWTON		DATE: 1/8/2005		DAYTIME PHONE: 407-460-1719	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	