

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
05 JUL -7 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003380 1. Entity Name REGENCY PLACE HOMEOWNERS' ASSOCIATION, INC.																													
Principal Place of Business 155 KING HENRY CT. DAVENPORT, FL 33837			Mailing Address 155 KING HENRY CT. DAVENPORT, FL 33837																										
2. Principal Place of Business		3. Mailing Address 170 LADY DIANA DR.																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State DAVENPORT, FL		4. FEI Number 59-3518982																									
Zip		Country		Applied For Not Applicable																									
33837		USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent LATTINVILLE, CHERYL 155 KING HENRY CT. DAVENPORT, FL 33837			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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 _____ 300057666693 07/19/05--01046--017 ***61.25 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
Amended AR is \$61.25		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																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LATTINVILLE, CHERYL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>155 KING HENRY CT.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAVENPORT, FL 33837</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">DV</td> <td style="width: 20%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SAVORY, JIM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>142 PRINCE CHARLES DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DAVENPORT, FL 33837</td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	LATTINVILLE, CHERYL		STREET ADDRESS	155 KING HENRY CT.		CITY-ST-ZIP	DAVENPORT, FL 33837		TITLE	DV	<input type="checkbox"/> Delete	NAME	SAVORY, JIM		STREET ADDRESS	142 PRINCE CHARLES DR		CITY-ST-ZIP	DAVENPORT, FL 33837	
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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: <u>Sandra Newton / SANDRA NEWTON</u> 7/2/05 407-460-1719 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													