

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90096 011 \*\*\*\*70.00

<b>DOCUMENT # N98000003380</b> 1. Entity Name <b>REGENCY PLACE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>155 KING HENRY CT. DAVENPORT, FL 33837</b>			Mailing Address <b>170 LADY DIANA DR DAVENPORT, FL 33837</b>		
2. Principal Place of Business - No P.O. Box # <b>442 PRINCE CHARLES DR</b> Suite, Apt. #, etc. <b>DAVENPORT FL</b>		3. Mailing Address <b>170 LADY DIANA DR</b> Suite, Apt. #, etc. <b>DAVENPORT FL 33837</b>			
City & State <b>DAVENPORT FL</b>		City & State <b>DAVENPORT FL 33837</b>		4. FEI Number <b>59-3518982</b>	
Zip <b>33837</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LATTINVILLE, CHERYL 155 KING HENRY CT. DAVENPORT, FL 33837</b>				7. Name and Address of New Registered Agent Name <b>TED ZACHARIADIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>442 PRINCE CHARLES DR</b> City <b>DAVENPORT FL</b> Zip Code <b>33837</b>	
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 <b>TED ZACHARIADIS</b> * <i>Ted Zachariadis</i> * <b>3-15-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LATTINVILLE, CHERYL 155 KING HENRY CT DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TED ZACHARIADIS 442 PRINCE CHARLES DR. DAVENPORT FL 33837	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, IRVING 125 KING HENRY CT DAVENPORT, FL 33837	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT IRVING ARMSTRONG 125 KING HENRY DR DAVENPORT FL 33837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAVORY, JAMES V 142 PRINCE CHARLES DR DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARCIA DENNIS 250 SIR PHILLIP DR DAVENPORT FL 33837	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MITCHELL, NANCY L 406 LADY DIANA DR DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES. SUSAN FRINIK 158 SIR PHILLIP DR DAVENPORT FL 33837	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHRINER, DONNA 122 PRINCE CHARLES DR DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD OF DIRECTORS RICHARD HIRSCH 346 PRINCE CHARLES DR DAVENPORT FL 33837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JENNINGS, GINNY 169 SIR PHILLIP DR DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD OF DIRECTOR CARMEN RAMIREZ 715 PRINCE CHARLES DR DAVENPORT FL 33837	<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 Chapter 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: <i>Marcia Dennis Secretary</i> <b>03-15-07 863 604 7594</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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ATTACHMENT  
page 2 of 2

<b>DOCUMENT # N98000003380</b>					
<b>1. Entity Name</b> REGENCY PLACE HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 155 KING HENRY CT. DAVENPORT, FL 33837			<b>Mailing Address</b> 170 LADY DIANA DR DAVENPORT, FL 33837		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>		03152007    Chg-NP    CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b> 59-3518982	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
LATTINVILLE, CHERYL 155 KING HENRY CT. DAVENPORT, FL 33837			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE <u>TED ZACHARIADIS</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u><i>Ted Zachariadis</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>3-15-07</u>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> LATTINVILLE, CHERYL <b>STREET ADDRESS</b> 155 KING HENRY CT <b>CITY-ST-ZIP</b> DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> Board of Director	<b>NAME</b> LEROY PARKER <b>STREET ADDRESS</b> 731 KING GEORGE DR <b>CITY-ST-ZIP</b> DAVENPORT, FL 33837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> D	<b>NAME</b> ARMSTRONG, IRVING <b>STREET ADDRESS</b> 125 KING HENRY CT <b>CITY-ST-ZIP</b> DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> Board of Director	<b>NAME</b> RANDY WALLACE # <b>STREET ADDRESS</b> 239 KING GEORGE DR <b>CITY-ST-ZIP</b> DAVENPORT FL. 33837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> VD	<b>NAME</b> SAVORY, JAMES V <b>STREET ADDRESS</b> 142 PRINCE CHARLES DR <b>CITY-ST-ZIP</b> DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> Board of Director	<b>NAME</b> PETRA CORREA <b>STREET ADDRESS</b> 105 PRINCE CHARLES DR <b>CITY-ST-ZIP</b> DAVENPORT FL 33837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> TD	<b>NAME</b> MITCHELL, NANCY L <b>STREET ADDRESS</b> 406 LADY DIANA DR <b>CITY-ST-ZIP</b> DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D	<b>NAME</b> SHRINER, DONNA <b>STREET ADDRESS</b> 122 PRINCE CHARLES DR <b>CITY-ST-ZIP</b> DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD	<b>NAME</b> JENNINGS, GINNY <b>STREET ADDRESS</b> 169 SIR PHILIP DR <b>CITY-ST-ZIP</b> DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>					
<b>SIGNATURE:</b> <u>Marcia Dennis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>03-15-07</u> <small>Date    Daytime Phone #</small>		