



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90062 027 ****70.00

DOCUMENT # N98000003380			
1. Entity Name REGENCY PLACE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 442 PRINCE CHARLES DR DAVENPORT, FL 33837		Mailing Address 170 LADY DIANA DR DAVENPORT, FL 33837	
2. Principal Place of Business - No P.O. Box # 239 King George		3. Mailing Address 170 Lady Diana	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Davenport FL		City & State Davenport FL	
Zip 33837		Zip 33837	
Country Polk		Country Polk	
4. FEI Number 59-3518982		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03012008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent ZACHARIADIS, TED 442 PRINCE CHARLES DR DAVENPORT, FL 33837		7. Name and Address of New Registered Agent Name Randall M. Wallace Street Address (P.O. Box Number is Not Acceptable) 239 King George Dr. 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 Randall Wallace DATE 3/5/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	P ZACHARIADIS, TED 442 PRINCE CHARLES DR. DAVENPORT, FL 33837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Edward Tiagna 168 Sir Phillips Davenport FL 33837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARMSTRONG, IRVING 125 KING HENRY CT DAVENPORT, FL 33837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Leslie O'Loughlin 117 King George Dr Davenport FL 33837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DENNIS, MARCIA 250 SIR PHILLIP DR DAVENPORT, FL 33837 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ted Zachariadis 442 Prince Charles Davenport FL 33837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRINK, SUSAN 158 SIR PHILLIP DR DAVENPORT, FL 33837 <input checked="" 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	D HIRSCH, RICHARD 346 PRINCE CHARLES DR. DAVENPORT, FL 33837 <input checked="" 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	D RAMIREZ, CARMEN 715 PRINCE CHARLES DR DAVENPORT, FL 33837 <input checked="" 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 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 empowerments.			
SIGNATURE: Randall Wallace		DATE: 3/5/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone # 863-420-8233</small>	

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT ATTACHMENT

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City & State Davenport, FL Zip 33837 Country Polk		City & State Davenport FL Zip 33837 Country Polk
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE P <input checked="" type="checkbox"/> Delete NAME ZACHARIADIS, TED STREET ADDRESS 442 PRINCE CHARLES DR. CITY-ST-ZIP DAVENPORT, FL 33837	TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Randall M. Wallace STREET ADDRESS 239 King George Dr CITY-ST-ZIP Davenport, FL 33837	
TITLE V <input checked="" type="checkbox"/> Delete NAME ARMSTRONG, IRVING STREET ADDRESS 125 KING HENRY CT CITY-ST-ZIP DAVENPORT, FL 33837	TITLE Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Michael Meechin STREET ADDRESS 147 King George Dr. CITY-ST-ZIP Davenport, FL 33837	
TITLE S <input checked="" type="checkbox"/> Delete NAME DENNIS, MARCIA STREET ADDRESS 250 SIR PHILLIP DR CITY-ST-ZIP DAVENPORT, FL 33837	TITLE Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Sheri Wilson STREET ADDRESS 112 Prince Charles CITY-ST-ZIP Davenport FL 33837	
TITLE T <input checked="" type="checkbox"/> Delete NAME FRINK, SUSAN STREET ADDRESS 158 SIR PHILLIP DR CITY-ST-ZIP DAVENPORT, FL 33837	TITLE Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Jeffrey Lee STREET ADDRESS 204 Prince Charles CITY-ST-ZIP Davenport FL 33837	
TITLE D <input checked="" type="checkbox"/> Delete NAME HIRSCH, RICHARD STREET ADDRESS 346 PRINCE CHARLES DR. CITY-ST-ZIP DAVENPORT, FL 33837	TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Joseph Genix STREET ADDRESS 239 King George Dr CITY-ST-ZIP Davenport FL 33837	
TITLE D <input checked="" type="checkbox"/> Delete NAME RAMIREZ, CARMEN STREET ADDRESS 715 PRINCE CHARLES DR CITY-ST-ZIP DAVENPORT, FL 33837	TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Preston Wilson STREET ADDRESS 112 Prince Charles CITY-ST-ZIP Davenport FL 33837	
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SIGNATURE: <u><i>Randall Wallace</i></u>		Date 3/5/08 Daytime Phone # 862-420-8223
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		