2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2008 8:00 am

1. Entity Name	MENT # N9800000 Y PLACE HOMEOWNERS	O3-10-2008 90062 027 ****70.00								
Principal Place 442 PRINCE DAVENPORT	CHARLES DR	Mailing Address 170 LADY DIANA DR DAVENPORT, FL 33837		400						
2. Principal Place of Business - No P.O. Box # 239 King George 170 Lady Dia Suite, Apt. #, etc. Suite, Apt. #, etc.)iana_	03012008 Chg-N		37 (12/06)				
City & State	nport FL	City & State Davenport	FL	4. FEI Number 59-3518982		Not	olied For Applicable			
<i>3</i> 383	7 Polk	33837	Po I K	5. Certificate of Status		\$8.75 Addi Fee Required				
	6. Name and Address of Curren	t Registered Agent	Name O	7. Name and Address	of New Registered A	\gent				
	ADIS, TED CE CHARLES DR PRT, FL 33837		han	Name Randall M. Wallace Street Address (P.O. Box Number is Not Acceptable) 239 King Glorge Dr.						
			City	ort.	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										
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Trust Fund Contrib										
10.	OFFICERS AND D	· · · · · · · · · · · · · · · · · · ·	11.	ADDITIONS/CHANGES T	O OFFICERS AND DI					
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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 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:

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2008 NOT-FOR-PROFIT CORPORATION HMENT

Melling Address Malling Mallin	1. Entity Nam REGENC	Y PEAGE HOMEOWNERS'	ASSOCIATION, INC.										
Subs. Apt. 4, sinc. County Subsection	442 PRINCE	CHARLES DR	170 LADY DIANA DR	117	N1112	% 0							
COV & Suite Daven part FL	239	King George	HL	0417	00								
Daven port FL 29 33837					0.15	-NP CR2E		nlied For					
S. Northeaded Status Desired S. Name and Address of Current Registered Agent 7. Name and Address we registered Agent 8. Cert Agent 9. Cert A	Daver		Davenport	PL_	59-3518982		No	t Applicable					
ACHARIADIS, TED 442 PRINCE CHARLES DR DAVENPORT, FL 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and store registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and store registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Filling Fee is \$61.25 Dave by May 1, 2008 10. OFFICERS AND DIRECTORS 11. ADDITIONS/OFMANGES TO OFFICERS AND DIRECTORS IN 1D FILING AGENT	上	33837 S Polk	₽ 33837		K		Fee Required						
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8. The above named entity submits this statement for the purpose of churging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent are under the obligations of registered agent and the september of the purpose of churging its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the september of the obligations of registered agent. SIGNATURE	ZACHARIADIS, TED 442 PRINCE CHARLES DR Kandall M Wallace Street Address (P.D. Box Number is Not Acceptable)												
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TITLE NAME RAMIREZ, CARMEN T15 PRINCE CHARLES DR DAVENPORT, FL 33837 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 of 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:		l .			239 King Georg			ļ					
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SIGNATURE: # 15/08 863-420-8233	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 eath; that I am an officer or director of the corporation or the receiver of 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												
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