

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
 03-01-2001 91335 036 ****61.25

DOCUMENT # N98000003799

1. Entity Name

REGENCY HEIGHTS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**2550 STATE ROAD 580, LOT 372
 CLEARWATER FL 33761**

Mailing Address

**2550 STATE ROAD 580, LOT 372
 CLEARWATER FL 33761**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3522104

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUPPMAN, JOAN
 2550 STATE ROAD 580, LOT 372
 CLEARWATER FL 33761**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PCUROS** ☐ Delete
 NAME ~~CUROS~~, WILLIAM
 STREET ADDRESS **2550 SR 580 #429**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **VAN SICKLE, BOB**
 STREET ADDRESS **2550 SR 580 #164**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **VP** ☐ Delete
 NAME **FREELAND, CHARLES**
 STREET ADDRESS **2550 ST RD 580 LOT 267**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☒ Delete
 NAME ~~CUROS~~, WILLIAM
 STREET ADDRESS **2550 ST RD 580 LOT 429**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **MATEO, ANDREA**
 STREET ADDRESS **2550 SR 580 #464**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **T** ☐ Delete
 NAME **HUPPMAN, JOAN**
 STREET ADDRESS **2550 SR 580 #372**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **VITALS, LEO VITALE**
 STREET ADDRESS **2550 ST RD 580 #253**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **KELSEY, MARILYN**
 STREET ADDRESS **2550 ST RD 580 #234**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: JOAN HUPPMAN **2/26/2001 727-797-8545**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)