

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90079 026 ****61.25

DOCUMENT # N98000003799 1. Entity Name REGENCY HEIGHTS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2550 STATE ROAD 580 E #243 CLEARWATER FL 33761			Mailing Address 2550 STATE ROAD 580 E #243 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	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOOKER, KENNETH 2550 SR 580 E #243 CLEARWATER FL 33761				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD BOOKER, KENNETH 2550 SR 580 E #243 CLEARWATER FL 33761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUERNBERGER, VALERIA 2550 SR 580 #265 CLEARWATER FL 33761 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARBO, ANTHONY 2550 SR 580 E #390 CLEARWATER FL 33761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWANDOWSKI, HAZEL 2550 SR 580 E #294 CLEARWATER FL 33761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CORTIS, BARBARA 2550 SR 580 E #426 CLEARWATER FL 33761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EYE, FREDERICK 2550 SR 580 E #609 CLEARWATER FL 33761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNDQUIST, DENNIS 2550 SR 580 E #474 CLEARWATER FL 33761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: <i>Kenneth Booker</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					