

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90002 012 ****61.25

DOCUMENT # N98000003799					
1. Entity Name REGENCY HEIGHTS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2550 STATE ROAD 580 E #243 392 CLEARWATER, FL 33761			Mailing Address 2550 STATE ROAD 580 E #243 392 CLEARWATER, FL 33761		
2. Principal Place of Business - No P.O. Box #		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 <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHREIVER, JOHN 2550 SR 580 E #330 CLEARWATER, FL 33761			Name <u>Michael J Granieri Sr</u> Street Address (P.O. Box Number is Not Acceptable) <u>2550 SR 580 E #452</u> City <u>Clearwater</u> FL Zip Code <u>33761</u>		
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 <u>Michael J Granieri Sr Pres.</u> <u>2/22/08</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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	D DUERNBERGER, VALERIE 2550 SR 580 E #265 CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> D NAME STREET ADDRESS CITY - ST - ZIP	Pesavento, Mary 2550 SR 580 E #369 Clearwater, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PALMIERI, MARION 2550 S.R. 580 E., 277 CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> VPD NAME STREET ADDRESS CITY - ST - ZIP	ScALzi, Peter 2550 SR 580 E #431 Clearwater, FL. 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONKLIN, PAT 2550 S.R. 580 E., 310 CLEARWATER, FL 33761	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> D NAME STREET ADDRESS CITY - ST - ZIP	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CORTIS, BARBARA 2550 SR 580 E #426 CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> TD NAME STREET ADDRESS CITY - ST - ZIP	Thornton, Roseita 2550 SR 580 E #392 Clearwater, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EYE, FREDERICK 2550 SR 580 E #609 CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> D NAME STREET ADDRESS CITY - ST - ZIP	Minasian, Frederick 2550 SR 580 E #120 Clearwater FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RICKETTS, JENNIFER 2550 SR 580 E #443 CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> SD NAME STREET ADDRESS CITY - ST - ZIP	Palmieri, Marion 2550 SR 580 E #277 Clearwater FL 33761	<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 empowered.					
SIGNATURE: <u>Roseita Thornton</u>			<u>2/22/08</u>		<u>727-725-7682</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>