2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# N98000004016

Entity Name: REGENCY CREEK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, STE. 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

Current Mailing Address:

2180 WEST SR 434, STE. 5000
LONGWOOD, FL 327795044

New Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

FEI Number: 59-3541745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 WEST SR 434, STE. 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HOWARD, GEORGE
Address: 525 CHANCELLOR DR W
City-St-Zip: JACKSONVILLE, FL 32225

Title: VD ( ) Delete
Name: GLISSON, THOMAS
Address: 549 CHANCELLOR DR W
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD ( ) Delete
Name: DANKOVICH, ROBERT
Address: 549 CHANCELLOR DR W
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD ( ) Delete
Name: BENNETT, BRIAN
Address: 10088 GOVERN LN
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete
Name: KELLY, WILLIAM JR
Address: 571 CHANCELLOR DR E
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BENNETT, TAMY
Address: 10088 GOVERN LN
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD (X) Change ( ) Addition
Name: GLISSON, THOMAS
Address: 559 CHANCELLOR DR E
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD (X) Change ( ) Addition
Name: SELLERS, CANDY
Address: 10074 GOVERN LN
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMY BENNETT PD 04/13/2004
Electronic Signature of Signing Officer or Director — Date