

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004016

FILED
Mar 30, 2006
Secretary of State

Entity Name: REGENCY CREEK OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

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: BENNETT, TAMY
Address: 10088 GOVERN LN
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD () Delete
Name: WEDDELL, STEPHANIE
Address: 10035 GOVERN LN
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD () Delete
Name: COLLOTTA, AMY
Address: 558 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: SD (X) Change () Addition
Name: RODRIGUEZ, DIGNA C
Address: 510 CHANCELLOR DR W
City-St-Zip: JACKSONVILLE, FL 32225

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

Title: D (X) Change () Addition
Name: SOPENASKY, DESIREE
Address: 10074 GOVERN LN
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

03/30/2006

Electronic Signature of Signing Officer or Director

Date