

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90259 034 ***150.00

20045761



DOCUMENT # P32968 1. Entity Name REGENCY WINDSOR MANAGEMENT, INC.					
Principal Place of Business 1025 FLAMEVINE LANE STE. 3 VERO BEACH, FL 32963			Mailing Address 1025 FLAMEVINE LANE STE. 3 VERO BEACH, FL 32963		
2. Principal Place of Business 1101 18th Place Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1477 Suite, Apt. #, etc.		01312005 Chg-P CR2E034 (10/03)	
City & State Vero Beach, FL		City & State Vero Beach, FL		4. FEI Number 37-1139254	
Zip 32960		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMBERT, PHILIP A. 1025 FLAMEVINE LANE STE. 3 VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name Lambert, Philip A. Street Address (P.O. Box Number is Not Acceptable) 1101 18th Place Vero Beach, FL 32960 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVD LAMBERT, PHILIP A. 1025 FLAMEVINE LANE SUITE 3 VERO BEACH, FL 32963	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVD Lambert, Philip A. 1101 18th Place Vero Beach, FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LOHUIS, NEAL R. 1025 FLAMEVINE LANE #3 VERO BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Lohuis, Neal R. 1101 18th Place Vero Beach, FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LAMBERT, ROY H. 1025 FLAMEVINE LANE #3 VERO BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Lambert, Roy H. 1101 18th Place Vero Beach, FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PURDIE, JOHN A 1025 FLAMEVINE LANE, SUITE 3 VERO BEACH, FL 32963	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Purdie, John A. 1101 18th Place Vero Beach, FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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>Neal R. Lohuis</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Neal R. Lohuis, Treasurer		4/24/05 (772) 778-8240 <small>Date Daytime Phone #</small>	