2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000002943

1. Entity Name

REGENCY RESERVE CONDOMINIUM ASSOCIATION,



Principal Place of Business

75 VINEYARDS BOULEVARD NAPLES, FL 34119

Mailing Address

75 VINEYARDS BOULEVARD NAPLES, FL 34119

FILED Mar 30, 2005 8:00 am Secretary of State

03-30-2005 90045 003 ****61.25

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DO NOT WRITE IN THIS SPACE

01192005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-3664311 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Property Management Professionals of SW Florida, Inc. 75 Vineyards Blvd., Third Floor Naples, FL 34119

DO NOT WRITE IN THIS SPACE

 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. If am familiar with, and accept the obligations of registered agent. 	
SIGNATURE	iaing) DATE
Filling Fee is \$61,25 Due by May 1, 2005 9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fer	
10. OFFICERS AND DIRECTORS TITLE President NAME SAADEH, MICHEL Martin T. Conroy STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34149 Naples, FL 34119	•
T 1st Vice President NAME ROGERS, ROBERT John Brooks TS VINEYARDS BLVD., STHFT CITY-ST-ZIP NAPLES, FL 34119 Naples, FL 34119	
TITLE NAME PROCACCI, MICHAEL STREET ADDRESS CITY-ST-ZIP NAFLES, FL 34119 2nd Vice President & Treasurer Jean Scholtens 762 Regency Reserve Circle #2004 Name FL 34119	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP 3rd Vice President Roger Beckermann 770 Regency Reserve Circle #1801	IN THIS SPACE
Naples, FL 34119 NAME STREET ADDRESS 4 th Vice President Glenn Olson	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12 Liberarby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11	Q (17(3)(i) Florida Statutee further partity that the information

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:

SNATURE AND TYPED OR PRINTED NAME OF

President

3/14/08 239-353-199

Daytime Phone #