


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90029 035 \*\*\*\*61.25

<b>DOCUMENT # N00000002943</b>					
<b>1. Entity Name</b> REGENCY RESERVE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> % INTEGRATED PROPERTY MANAGEMENT 3435 10TH STREET NORTH STE 201 NAPLES, FL 34102			<b>Mailing Address</b> % INTEGRATED PROPERTY MANAGEMENT 3435 10TH STREET NORTH STE 201 NAPLES, FL 34102		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3664311	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ROETZEL & ANDRESS AGENTS, INC ATTN: STEVEN M. FALK, ESQ 850 PARK SHORE DRIVE STE. 300 NAPLES, FL 34103			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	DP		TITLE	DVP1	
NAME	LOCKWOOD, ROBERT <input checked="" type="checkbox"/> Delete		NAME	Sackett, Thomas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	782 REGENCY RESERVE CIR. #1504		STREET ADDRESS	738 Regency Reserve Cir. #2601	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	Naples, FL 34119	
TITLE	DVP		TITLE	DVP2	
NAME	CUCINA, MIKE <input checked="" type="checkbox"/> Delete		NAME	Krahn, Dennis <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	813 REGENCY RESERVE CIR. #4002		STREET ADDRESS	709 Regency Reserve Cir. #6001	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	Naples, FL 34119	
TITLE	O		TITLE	DS	
NAME	GROSSGOLD, MARGE <input type="checkbox"/> Delete		NAME	Grossgold, Marge <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	718 REGENCY RESERVE CIR. #3101		STREET ADDRESS	718 Regency Reserve Cir., #3101	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	Naples, FL 34119	
TITLE	O		TITLE	DT	
NAME	KUPERSMITH, FERRELL <input checked="" type="checkbox"/> Delete		NAME	Norris, Alan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	794 REGENCY RESERVE CIR. #1204		STREET ADDRESS	852 Regency Reserve Cir. #0101	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	Naples, FL 34119	
TITLE	D		TITLE	DP	
NAME	BECKERMAN, ROGER <input type="checkbox"/> Delete		NAME	Beckermann, Roger <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	770 REGENCY RESERVE CIR. #1801		STREET ADDRESS	770 Regency Reserve Cir., #1801	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	Naples, FL 34119	
TITLE	D		TITLE		
NAME	OSHRY, SAM <input checked="" type="checkbox"/> Delete		NAME		
STREET ADDRESS	793 REGENCY RESERVE CIR. #4501		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <u>ROGER A. BECKERMAN</u>			3/21/08 239-353-6931		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		