

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008518

FILED  
Apr 16, 2008  
Secretary of State

**Entity Name:** REGENCY PARK AT LAKE MARY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434, SUITE 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, SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 327795044

FEI Number: 20-4292033

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W  
2180 S. SR 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**Name and Address of New Registered Agent:**

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

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: JAMES W HART JR

04/16/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CABRERIZO, TOMAS  
Address: 6351 SUNSET DR  
City-St-Zip: MIAMI, FL 33143

Title: V ( ) Delete  
Name: RYAN, TOM  
Address: 6351 SUNSET DR  
City-St-Zip: MIAMI, FL 33143

Title: STD ( ) Delete  
Name: FRANKE, LINDA  
Address: 645 CHEVIOT CT  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MORGAN, STEVEN  
Address: 1311 NOBLE ST  
City-St-Zip: LONGWOOD, FL 32750

Title: VPD (X) Change ( ) Addition  
Name: PRICE, WILLIAM J  
Address: 6279 SUN BLVD  
City-St-Zip: ST PETERSBURG, FL 33715

Title: TSD (X) Change ( ) Addition  
Name: POITROWSKI, JOHN  
Address: 89 E STREETSBO RO ST  
City-St-Zip: HUDSON, OH 44236

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN MORGAN

PD

04/16/2008

Electronic Signature of Signing Officer or Director

Date