


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90019 048 ****61.25

DOCUMENT # N97000004478

1. Entity Name
REGENCY II OFFICE CONDOMINIUM ASSOCIATION, INC.




Principal Place of Business
**3200 N WICKHAM
 MELBOURNE, FL 32935 US**

Mailing Address
**P.O. BOX 33503
 INDIALANTIC, FL 32903 US**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02252004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3502536

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**JACOBS, JOANN B.
 410 THRUSH DR.
 SATELLITE BEACH, FL 32937**

7. Name and Address of New Registered Agent

Name Deborah Rufo

Street Address (P.O. Box Number is Not Acceptable)
3200 N. Wickham Road Ste 2

City Melbourne, FL Zip Code 32935

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 Deborah K. Rufo, Secretary/Treasurer DATE 2/26/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JACOBS, JOANN B 410 THRUSH DR. SATELLITE BEACH, FL 32937 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jim Burke, President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 Rialto Place, Suite 215 Melbourne, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRS GREGAS, ANNE DR 3200 N WICKHAM RD #1 MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. Laurie Seagrist, V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3200 N. Wickham Rd. Ste 6 Melbourne, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUFO, DEBORAH K 3200 N. WICKHAM RD., 5412 MELBOURNE, FL 32735 <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
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 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: Deborah K. Rufo, Secretary/Treasurer DATE 2/26/04 DAYTIME PHONE # 321-259-0199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah K. Rufo Secretary/Treasurer