

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90110 049 ****61.25

DOCUMENT # 716512

1. Entity Name

REGENCY TOWERS OF NAPLES, INC.



Principal Place of Business

3401 GULF SHORE BLVD N
NAPLES FL 34103
US

Mailing Address

C/O MELDON CONSULTANTS
4949 TAMiami TRAIL N. SUITE #201
NAPLES FL 34103
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1307429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, WILLIAM S
C/O MELDON CONSULTANTS
4949 TAMiami TRAIL N.
NAPLES FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 DP ☐ Delete
NAME BERRY, RICHARD
STREET ADDRESS 3401 GULF SHORE BLVD N #403
CITY-ST-ZIP NAPLES FL 34103

TITLE **SDOS** ☐ Change ☒ Addition
NAME **COAKLEY, ROBERT S.**
STREET ADDRESS **3401 Gulfshore Blvd. N. # 400**
CITY-ST-ZIP **Naples, FL 34103**

TITLE D ☐ Delete
NAME PERY, JOHN H
STREET ADDRESS 3401 GULF SHORE BLVD NORTH #401
CITY-ST-ZIP NAPLES FL 34103

TITLE **D** ☒ Change ☐ Addition
NAME **PEAY, JOHN H.**
STREET ADDRESS **3401 Gulfshore Blvd. N. # 401**
CITY-ST-ZIP **Naples, FL 34103**

TITLE DVP ☐ Delete
NAME FOX, ROBERT
STREET ADDRESS 34011 GULF SHORE BLVD N #104
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME NIXON, CHASE
STREET ADDRESS 3401 GULF SHORE BLVD N. # 102
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CRONIN, THOMAS
STREET ADDRESS 3401 GULF SHORE BLVD N. # 206
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MOTT, RICHARD L.
STREET ADDRESS 3401 GULF SHORE BLVD. N. # 203
CITY-ST-ZIP NAPLES FL 34103

TITLE **D** ☐ Change ☒ Addition
NAME **TINMOUTH, THOMAS**
STREET ADDRESS **3401 Gulfshore Blvd. N. # 402**
CITY-ST-ZIP **Naples, FL 34103**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: R. S. Coakley R. S. Coakley, Sec'y 4.23.07 739.403.8893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #