

64 Apr. 28. 2008: 12:40PM 947246641

REGENCY WOOD L

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90206 002 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 723800 1. Entity Name REGENCY WOOD CONDOMINIUM, INC.				40089599	
Principal Place of Business 753 ATLANTIC BLVD ATLANTIC BEACH, FL 32233 US		Mailing Address PO BOX 330026 ATLANTIC BEACH, FL 32233			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04092008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-1484131	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARVIN & FLOYD REALTY INC. UNIT #1 753 ATLANTIC BLVD ATLANTIC BEACH, FL 32233				7. Name and Address of New Registered Agent 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 the filer applies to this form. (Printed Name of Agent is required when replacing agent.)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DENNEY, DAVID 337 GREENCASTLE DR JACKSONVILLE, FL 32226	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Newman, James 411 Abingdon Place Jacksonville, FL 32225	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIAMS, ANDREW 389 REGENCY WOOD DR. JACKSONVILLE, FL 32226	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Williams, Andrew 389 Regency Wood Drive Jacksonville, FL 32225	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEMAN, DUDLEY J 318 RALEIGH ROAD JACKSONVILLE, FL 32226	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Odham, Judy 414 Overbrook Drive Jacksonville, FL 32225	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CEA, LORRAINE 407 ABINGDON PLACE JACKSONVILLE, FL 32226	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Perry, Ann Marie 331 Greencastle Jacksonville, FL 32225	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARBARE, MIKEL 387 REGENCY WOOD DRIVE JACKSONVILLE, FL 32226	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barbare, Mikel 387 Regency Woods Drive Jacksonville, FL 32225	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAURO, BARBARA 321 GREENCASTLE DR JACKSONVILLE, FL 32226	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Ravenelle, Mary 312 Raleigh Road Jacksonville, FL 32225	☐ Change ☒ Addition
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 individual 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 an other file empowered.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR					