2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# 738310

Entity Name: RG HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. STATE ROAD 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W. STATE ROAD 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-1755227 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: MATTS, DONALD
Address: 4183 PLAYER CIR
City-St-Zip: ORLANDO, FL 32808

Title: SD ( ) Delete
Name: PRESCOTT, PAT
Address: 4165 PLAYER CIR
City-St-Zip: ORLANDO, FL 32808

Title: VPD ( ) Delete
Name: BOYD, SIS
Address: 4188 PLAYER CIR
City-St-Zip: ORLANDO, FL 32808

Title: D ( ) Delete
Name: RAMOS, JEANETTE
Address: 4352 PLAYER CIR
City-St-Zip: ORLANDO, FL 32808

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MATTS, DONALD
Address: 4183 PLAYER CIR
City-St-Zip: ORLANDO, FL 32808

Title: D (X) Change ( ) Addition
Name: PRESCOTT, PAT
Address: 4165 PLAYER CIR
City-St-Zip: ORLANDO, FL 32808

Title: VPD (X) Change ( ) Addition
Name: NYBERG, CHERYL
Address: 4141 PLAYER CIR
City-St-Zip: ORLANDO, FL 32808

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TSD ( ) Change (X) Addition
Name: PEARLMAN, PAT
Address: 4117 PLAYER CIR
City-St-Zip: ORLANDO, FL 32808

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: DONALD MATTS PD 04/17/2009
Electronic Signature of Signing Officer or Director — Date