

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747754

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** REGAL OAK SHORES COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1558 REGAL OAK DRIVE  
KISSIMMEE, FL 34744 US

**New Principal Place of Business:**

**Current Mailing Address:**

1558 REGAL OAK DRIVE  
KISSIMMEE, FL 34744 US

**New Mailing Address:**

**FEI Number:** 59-2461472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, SHARON  
1558 REGAL OAK DRIVE  
KISSIMMEE, FL 34744 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: PD ( ) Delete  
Name: SOVRAN, CLAUDIA  
Address: P.O. BOX 421729  
City-St-Zip: KISSIMMEE, FL 34742

Title: SD ( ) Delete  
Name: HASELDEN, CASSIE  
Address: 1872 WILLOW CT.  
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete  
Name: TUDOR, CAROL  
Address: 1643 REGAL OAK DRIVE  
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete  
Name: SOVRAN, MELISSA  
Address: 1880 WILLOW COURT  
City-St-Zip: KISSIMMEE, FL 34744

Title: DV ( ) Delete  
Name: TRUCHLY, HEATHER A  
Address: 1600 REGAL OAK DRIVE  
City-St-Zip: KISSIMMEE, FL 347446643

Title: D ( ) Delete  
Name: RAYBOURN, HERBERT  
Address: P.O. BOX 22453  
City-St-Zip: LAKE BUENA VISTA, FL 32830

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

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

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

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

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

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

Title: TD (X) Change ( ) Addition  
Name: WILLIAMS, SHARON  
Address: 1558 REGAL OAK DRIVE  
City-St-Zip: KISSIMMEE, FL 34744

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: CLAUDIA SOVRAN

PD

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date