2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# 752465

Entity Name: THE REGENCY OF ST. PETERSBURG, INC.

Current Principal Place of Business:

SEABOARD ARBORS MGMT
2189 CLEVELAND STREET STE 225
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

SEABOARD ARBORS MGMT
2189 CLEVELAND STREET STE 225
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-2134404 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEIGHTON, LENNARD A
C/O SEABOARD ARBORS MGMT
2189 CLEVELAND STREET STE 225
CLEARWATER, FL 33765 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: BRUZZICHESI, PHILIP
Address: 1860 MASACHUSETTS AVE NE #221
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: SD ( ) Delete
Name: SMYTH, WALTER G
Address: 4853 VENETIAN PLACE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: TD ( ) Delete
Name: BUTLER, HELEN
Address: 1860 MASACHUSETTS AVE NE #101
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: VD ( ) Delete
Name: SMYTH, MADELINE G
Address: 4853 VENETIAN PLACE NE
City-St-Zip: ST PETERBURG, FL 33703

Title: D ( ) Delete
Name: ALFIERI, WAYNE A
Address: 1936 JEFORDS STREET
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: ROMIG, NATE
Address: 1860 MASSACHUSETTS AVE NE #102
City-St-Zip: SAINT PETERSBURG, FL 33703

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

Title: SD (X) Change ( ) Addition
Name: SPADAFINA, KIMBERLY
Address: 1860 MASSACHUSETTS AVE NE #206
City-St-Zip: ST PETERBURG, FL 33703

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

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: PHILLIP BRUZZICHESI P 02/09/2009
Electronic Signature of Signing Officer or Director — Date