

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756327

FILED
Mar 13, 2007
Secretary of State

Entity Name: REGENT PLACE ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR. 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W. SR. 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-2256956

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, STE 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: PD () Delete
Name: MCMURRY, HELEN
Address: 4098 LONDON RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD () Delete
Name: ARSENAULT, DON
Address: 4975 SAN JOSE BLVD. #107
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD () Delete
Name: SMITH, LAURI E
Address: 4975 SAN JOSE BLVD #215
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD () Delete
Name: CRIPPS, JAMES C
Address: 4975 SAN JOSE BLVD #307
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: ROBERTS, ROCKY
Address: PO BOX 10341
City-St-Zip: JACKSONVILLE, FL 32247

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROBERTS, WILLIAM R
Address: 4975 SAN JOSE BLVD #204
City-St-Zip: JACKSONVILLE, FL 32207

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: D (X) Change () Addition
Name: MCMURRY, HOLLY
Address: 4098 LONDON RD
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM R ROBERTS

PD

03/13/2007

Electronic Signature of Signing Officer or Director

Date