2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# 756327

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: VPD ( ) Delete
Name: ROBERTS, WILLIAM R
Address: 4975 SAN JOSE BLVD #204
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: HOUSE, MICHAEL
Address: 4975 SAN JOSE BLVD #208
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: PD ( ) Delete
Name: MCMURRY, HOLLY
Address: 4098 LONDON RD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: HOUSE, MICHAEL
Address: 4975 SAN JOSE BLVD #208
City-St-Zip: JACKSONVILLE, FL 32207

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

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

Title: D (X) Change ( ) Addition
Name: HINES, MARION
Address: 4975 SAN JOSE BLVD #214
City-St-Zip: JACKSONVILLE, FL 32207

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: MICHAEL HOUSE PD 03/09/2009
Electronic Signature of Signing Officer or Director — Date