2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# 757544

Entity Name: THE REGENCY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4489 WINDJAMMER LANE
FT. MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

4489 WINDJAMMER LANE
FT. MYERS, FL 33919 US

New Mailing Address:

FEI Number: 75-1883797 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAID ASSOCIATION MANAGEMENT
4489 WINDJAMMER LANE
FT. MYERS, FL 33919 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: OLIVIER, JOHN
Address: 6777 WINKLER RD./ J210
City-St-Zip: FT. MYERS, FL 33919

Title: VD ( ) Delete
Name: KELLY, ROBERT
Address: 6777 WINKLER RD
City-St-Zip: FORT MYERS, FL 33919

Title: TD ( ) Delete
Name: OLIVIER, NANCY
Address: 6777 WINKLER RD., J210
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete
Name: ALBERTI, FRANK
Address: 6777 WINKLER RD., J212
City-St-Zip: FT. MYERS, FL 33919

Title: JD ( ) Delete
Name: KOBLANSKI, WIKTORIA
Address: 6777 WINKLER RD F122
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: KELLY, ROBERT
Address: 6777 WINKLER RD
City-St-Zip: FORT MYERS, FL 33919

Title: D (X) Change ( ) Addition
Name: LENDENER, RICK
Address: 6777 WINKLER RD., #M271
City-St-Zip: FORT MYERS, FL 33919

Title: DVP (X) Change ( ) Addition
Name: ALBERTI, FRANK
Address: 6777 WINKLER RD., J212
City-St-Zip: FT. MYERS, FL 33919

Title: SD (X) Change ( ) Addition
Name: KOBLANSKI, WIKTORIA
Address: 6777 WINKLER RD F122
City-St-Zip: FORT MYERS, FL 33919

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: JOHN OLIVIER P 03/02/2009

Electronic Signature of Signing Officer or Director — Date