

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767481

**FILED**  
**Apr 17, 2011**  
**Secretary of State**

**Entity Name:** REGENCY PINES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1515 N. HUNTINGTON LANE  
#333  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

**Current Mailing Address:**

1515 N. HUNTINGTON LANE  
#333  
ROCKLEDGE, FL 32955 US

**New Mailing Address:**

**FEI Number:** 62-1269551

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALARDY, PATRICIA  
3612 CROSSBOW DR  
COCOA, FL 32926 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  
**Name:** MARTIN, THOMAS  
**Address:** 1515 N HUNTINGTON LN 427  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** VPD  
**Name:** PIER, DONALD  
**Address:** 1515 N. HUNTINGTON LANE #511  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** STD  
**Name:** DAUGHTERY, CHRISTINE  
**Address:** 1515 N. HUNTINGTON LN #527  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** D  
**Name:** MEEHAN, SHARON  
**Address:** 1515 N HUNTINGTON LN 415  
**City-St-Zip:** ROCKLEDGE, FL 32955

I hereby 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 all other like empowered.

**SIGNATURE:** THOMAS MARTIN

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04/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date