

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769297

FILED
Apr 10, 2009
Secretary of State

Entity Name: REGENCY TOWERS CONDOMINIUM OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

950 HWY. 98, E.
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

950 HWY. 98, E.
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-2371291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF
348 MIRACLE STRIP PKWY, SW
SUITE 7
FORT WALTON BEACH, FL 32548 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: TS () Delete
Name: ACCARDI, LARRY
Address: 909 LAROCHE CT.
City-St-Zip: RIDGELAND, MS 39157

Title: P () Delete
Name: MICHAEL, DONALD
Address: 388 INGLESIDE DR
City-St-Zip: MADISON, MS 39110

Title: D () Delete
Name: COX, FLINT
Address: 74 SOUTHWIND
City-St-Zip: JACKSON, TN 38305

Title: D () Delete
Name: SPARKS, ALICE
Address: 817 SQUIRE HIL DR.
City-St-Zip: CRESCENT SPRING, KY 41017

Title: V () Delete
Name: IVISON, ROBERT
Address: 2631 LAKE CIRCLE
City-St-Zip: JACKSON, MS 39211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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: LARRY ACCARDI

TS

04/10/2009

Electronic Signature of Signing Officer or Director

Date