

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002943

FILED  
Apr 06, 2010  
Secretary of State

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

**Current Principal Place of Business:**

% INTEGRATED PROPERTY MANAGEMENT  
3435 10TH STREET NORTH STE #201  
NAPLES, FL 34102

**New Principal Place of Business:**

% INTEGRATED PROPERTY MANAGEMENT  
5020 TAMiami TR NORTH, STE 206  
NAPLES, FL 34103

**Current Mailing Address:**

% INTEGRATED PROPERTY MANAGEMENT  
3435 10TH STREET NORTH STE #201  
NAPLES, FL 34102

**New Mailing Address:**

% INTEGRATED PROPERTY MANAGEMENT  
5020 TAMiami TR NORTH, STE 206  
NAPLES, FL 34103

**FEI Number:** 59-3664311

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROETZEL & ANDRESS AGENTS, INC  
ATTN: STEVEN M. FALK, ESQ  
850 PARK SHORE DRIVE STE. 300  
NAPLES, FL 34103 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: DVP1  
Name: SACKETT, THOMAS  
Address: 738 REGENCY RESERVE CIR. #2601  
City-St-Zip: NAPLES, FL 34119

Title: DVP2  
Name: GREEN, ANGUS  
Address: 766 REGENCY RESERVE CIR. #1904  
City-St-Zip: NAPLES, FL 34119

Title: D  
Name: GROSSGOLD, LARRY  
Address: 718 REGENCY RESERVE CIR. #3101  
City-St-Zip: NAPLES, FL 34119

Title: DT  
Name: NORRIS, ALAN  
Address: 852 REGENCY RESERVE CIR. #101  
City-St-Zip: NAPLES, FL 34119

Title: D  
Name: SMITH, JOHN  
Address: 781 REGENCY RESERVE CIR. #4803  
City-St-Zip: NAPLES, FL 34119

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 SACKETT

DVP1

04/06/2010

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

\_\_\_\_\_  
Date