## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000002943

FILED Mar 11, 2011 Secretary of State

Entity Name: REGENCY RESERVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:** 

% INTEGRATED PROPERTY MANAGEMENT

5020 TAMIAMI TR NORTH, STE 206

NAPLES, FL 34103

**Current Mailing Address:** 

% INTEGRATED PROPERTY MANAGEMENT

Name and Address of Current Registered Agent:

5020 TAMIAMI TR NORTH, STE 206

ROETZEL & ANDRESS AGENTS, INC

ATTN: STEVEN M. FALK, ESQ 850 PARK SHORE DRIVE STE. 300

NAPLES, FL 34103

FEI Number: 59-3664311

NAPLES, FL 34103 US

FEI Number Applied For ( )

FEI Number Not Applicable ( )

. , ,

**New Principal Place of Business:** 

3701 TAMIAMI TRAIL N

New Mailing Address:

3701 TAMIAMI TR NORTH

NAPLES, FL 34103

NAPLES, FL 34103

% THE COMPASS MANAGEMENT GROUP

% THE COMPASS MANAGEMENT GROUP

Name and Address of New Registered Agent:

THE COMPASS MANAGEMENT GROUP

3701 TAMIAMI TRAIL N NAPLES, FL 34103 US

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: MARK HUMPHREY

03/11/2011 Date

Certificate of Status Desired ( )

Electronic Signature of Registered Agent

**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:

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:

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 DVP 03/11/2011

Electronic Signature of Signing Officer or Director

Date