

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006749

FILED
Apr 23, 2009
Secretary of State

Entity Name: REGENCY CONSERVATION ASSOCIATION NO. 2, INC.

Current Principal Place of Business:

365 TAFT-VINELAND ROAD
SUITE 105
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

365 TAFT-VINELAND ROAD
SUITE 105
ORLANDO, FL 32824

New Mailing Address:

FEI Number: 55-0789612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POHL & SHORT, P.A.
280 WEST CANTON AVENUE
SUITE 410
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

DEBBE R. CHALIFOUX
365 TAFT-VINELAND RD
SUITE 105
ORLANDO, FL 32824 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: DEBBE R CHALIFOUX

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUSSELL TRUSTEE, JOHN H
Address: LIVING TRUST, 8657 FT VINELAND RD. #105
City-St-Zip: ORLANDO, FL 32824

Title: VD () Delete
Name: MADISON, PETE
Address: 4908 OAK ISLAND ROAD
City-St-Zip: ORLANDO, FL

Title: VD () Delete
Name: RUSSELL, JOHN B
Address: 2645 CHEROKEE ROAD
City-St-Zip: ST. CLOUD, FL 34772

Title: STD () Delete
Name: CHALIFOUX, DEBBIE R
Address: 6105 LAKE LIZZIE DR
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
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: DEBBE R CHALIFOUX

STD

04/23/2009

Electronic Signature of Signing Officer or Director

Date