


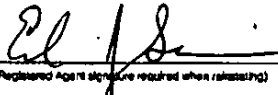
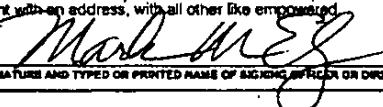
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04-30-2008 90202 038 ****61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000007118			
1. Entity Name REGENCY VILLAGE OWNERS ASSOCIATION, INC.			
Principal Place of Business ONE INDEPENDENT DRIVE SUITE 114 JACKSONVILLE, FL 32202 US		Mailing Address ONE INDEPENDENT DRIVE SUITE 114 JACKSONVILLE, FL 32202 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1350 Orange Ave 100	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Winter Park FL	
Zip	Country	Zip	Country
		32789	USA
4. FEI Number 59-3748708		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent F & L CORP ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name: Attwood Phillips Inc Street Address (P.O. Box Number is Not Acceptable): 1350 Orange Ave #100 City: Winter Park FL Zip Code: 32789	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Emil Scipione  DATE: 5/24/08 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when releasing)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEMING, TOM ONE INDEPENDENT DRIVE, SUITE 114 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MCNULTY, DAVID ONE INDEPENDENT DRIVE, SUITE 114 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYBURN, WOODY 321 S. KENTUCKY AVENUE LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KINSELLA, MIKE ONE INDEPENDENT DRIVE, SUITE 114 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS ELY, MARK ONE INDEPENDENT DRIVE, SUITE 114 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		APRIL 25, 2008 (813)664-4815	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

KS