2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007118

FILED Apr 16, 2009 Secretary of State

Entity Name: REGENCY VILLAGE OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

ONE INDEPENDENT DRIVE 385 DOUGLAS AVE

SUITE 114 SUITE 3000

JACKSONVILLE, FL 322025019 US ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address: New Mailing Address:

1350 ORANGE AVE. 385 DOUGLAS AVE

#100 SUITE 3000

WINTER PARK, FL 32789 ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-3748708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ATTWOOD PHILLIPS INC ATTWOOD PHILLIPS INC 1350 ORANGE AVE. ATTWOOD PHILLIPS INC 385 DOUGLAS AVE

#100 3000

WINTER PARK, FL 32789 US ALTAMONTE SPRINGS, FL 32714 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: EMIL SCIPIONI 04/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: P (X) Change () Addition Name: FLEMING, TOM Name: COHEN, ANDREW J

Address: ONE INDEPENDENT DRIVE, SUITE 114 Address: 324 DATURA STREET SUITE 102 City-St-Zip: JACKSONVILLE, FL 322025019 US City-St-Zip: WEST PALM BEACH, FL 33401 US

Name:MCNULTY, DAVIDName:FRIEDMAN, ROBERTAddress:ONE INDEPENDENT DRIVE, SUITE 114Address:324 DATURA ST SUITE 102City-St-Zip:JACKSONVILLE, FL 322025019 USCity-St-Zip:WEST PALM BEACH, FL 33401 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf TS} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 RAYBURN, WOODY
 Name:
 BERG, ZACHERY

 Address:
 321 S. KENTUCKY AVENUE
 Address:
 324 DATURA ST SUITE 102

 City-St-Zip:
 LAKELAND, FL 33801
 City-St-Zip:
 WEST PALM BEACH, FL 33401

Title: P (X) Delete Title: () Change () Addition

 Name:
 KINSELLA, MIKE
 Name:

 Address:
 ONE INDEPENDENT DRIVE, SUITE 114
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 322025019 US
 City-St-Zip:

 Name:
 ELY, MARK
 Name:

 Address:
 ONE INDEPENDENT DRIVE, SUITE 114
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 322025019 US
 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: EMIL SCIPIONI TS 04/16/2009