

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005429

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: REGENCY PINES II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1515 N. HUNTINGTON LANE  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**  
1331 BEDFORD DRIVE  
#103  
MELBOURNE, FL 32940

**New Mailing Address:**

FEI Number: 51-0443979      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KENNEY, JIM  
1331 BEDFORD DR.  
#103  
MELBOURNE, FL 32940 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: P ( ) Delete  
Name: GALLANT, THERESA  
Address: 1515 HUNTINGTON LANE #1012  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP ( ) Delete  
Name: SPELLMAN, JAMES  
Address: 380 COMMERCE PKWY  
City-St-Zip: ROCKELDGE, FL 32955

Title: P ( ) Delete  
Name: BISHOP, RON  
Address: 1515 HUNTINGTON LANE #812  
City-St-Zip: ROCKELDGE, FL 32955

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MULLEN, PATRICIA  
Address: 1515 HUNTINGTON LANE #713  
City-St-Zip: ROCKLEDGE, FL 32955

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

Title: T (X) Change ( ) Addition  
Name: BISHOP, RON  
Address: 1515 HUNTINGTON LANE #812  
City-St-Zip: ROCKELDGE, FL 32955

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: JAMES KENNEY

RA

03/11/2009

Electronic Signature of Signing Officer or Director

Date