

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02388

FILED  
Apr 10, 2008  
Secretary of State

Entity Name: REGENCY WEST OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

501 MARY ESTHER CUTOFF  
SUITE 4  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

4507 FURLING LANE  
SUITE #114  
DESTIN, FL 32541 US

**Current Mailing Address:**

501 MARY ESTHER CUTOFF  
SUITE 4  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

4507 FURLING LANE  
SUITE #114  
DESTIN, FL 32541 US

FEI Number: 26-3725238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHIRLEY, PAUL  
501 MARY ESTHER CUTOFF #8  
SUITE 4  
FORT WALTON BEACH, FL 32548 US

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

SHIRLEY, PAUL  
4507 FURLING LANE  
SUITE #114  
DESTIN, FL 32541 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: PAUL SHIREY

04/10/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHIREY, PAUL  
Address: 501 MARY ESTHER CUTOFF, SUITE 4  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: STD ( ) Delete  
Name: SCHOR, INDIA  
Address: 501 MARY ESTHER CUTOFF, SUITE 4  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VPD ( ) Delete  
Name: BEVINGTON, FRANK  
Address: 2660 ADRIAAN CT  
City-St-Zip: SHALIMAR, FL 32579

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

Title: PD (X) Change ( ) Addition  
Name: SHIREY, PAUL  
Address: 4507 FURLING LANE, SUITE 114  
City-St-Zip: DESTIN, FL 32541 US

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: PAUL SHIREY

PD

04/10/2008

Electronic Signature of Signing Officer or Director

Date