

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02388

FILED
Apr 30, 2009
Secretary of State

Entity Name: REGENCY WEST OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4507 FURLING LANE
SUITE #114
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

4507 FURLING LANE
SUITE #114
DESTIN, FL 32541 US

New Mailing Address:

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
4507 FURLING LANE
SUITE #114
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

SHIREY, 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

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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 ADRIAN CT
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TRS (X) Change () Addition
Name: SHIREY, JASON
Address: 4507 FURLING LANE 114
City-St-Zip: DESTIN, FL 32541

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

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date