2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03344

FILED Jan 09, 2009 Secretary of State

Entity Name: REGENCY SOUTH OWNERS' ASSOCIATION, INC.

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

50 BEAL PKWY SW 50 BEAL PARKWAY SW

STE 2 SUITE 2

FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32548

Current Mailing Address: New Mailing Address:

P O BOX 1539 P. O. BOX 1539

FT WALTON BEACH, FL 32549 FORT WALTON BEACH, FL 32549

FEI Number: 59-2506455 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:

GOURLEY, WARREN N
50 BEAL PKWY SUITE 2
FT WALTON, FL 32548
US
GOURLEY, WARREN N
50 BEAL PARKWAY SW
SUITE 2

FORT WALTON, TE 32346 03 FORT WALTON BEACH, FL 32548 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: WARREN N. GOURLEY 01/09/2009

Electronic Signature of Registered Agent Date

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

Title:PD () DeleteTitle:PD (X) Change () AdditionName:GOURLEY, WARREN N,Name:GOURLEY, WARREN NAddress:50 BEAL PKWY SW #2Address:50 BEAL PARKWAY SW, SUITE 2City-St-Zip:FT WALTON BEACH FL,City-St-Zip:FORT WALTON BEACH, FL 32548

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

 Name:
 HOWELL, JOHN
 Name:
 HOWELL, JOHN

 Address:
 107 BARDONIA CT. NW
 Address:
 107 GARDENIA COURT NW

 City-St-Zip:
 FORT WALTON BEACH, FL 32548
 City-St-Zip:
 FORT WALTON BEACH, FL 32548

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: WARREN N. GOURLEY PD 01/09/2009