2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N05000003299

Entity Name: REGENCY LAKES VILLAGE CENTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5613 DTC PARKWAY
SUITE 800
GREENWOOD VILLAGE, CO 80111

New Principal Place of Business:

Current Mailing Address:

5613 DTC PARKWAY
SUITE 800
GREENWOOD VILLAGE, CO 80111

New Mailing Address:

FEI Number: 30-0403476 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: DEROSE, MARK E
Address: 5613 DTC PARKWAY, SUITE 800
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: T ( ) Delete
Name: ZACHER, CHRISTOPHER P
Address: 5613 DTC PARKWAY, SUITE 800
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: D ( ) Delete
Name: STILWELL, JIM
Address: 5613 DTC PARKWAY, SUITE 800
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: D ( ) Delete
Name: MASTRO, MIKE
Address: 5613 DTC PARKWAY, SUITE 800
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: D ( ) Delete
Name: JAGGER, JOHN A
Address: 5613 DTC PARKWAY, SUITE 800
City-St-Zip: GREENWOOD VILLAGE, CO 80111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MARK E. DEROSE P 03/20/2009

Electronic Signature of Signing Officer or Director — Date