2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008518

FILED Mar 17, 2009 Secretary of State

Entity Name: REGENCY PARK AT LAKE MARY CONDOMINIUM ASSOCIATION, INC.

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

2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 327795044

New Mailing Address: Current Mailing Address:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044

FEI Number: 20-4292033 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:

HART, JAMES W SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 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:

City-St-Zip:

Date

Name:

Title:

Name:

Address:

City-St-Zip:

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

(X) Change () Addition

() Delete MORGAN, STEVEN Name: 1311 NOBLE ST Address:

OFFICERS AND DIRECTORS:

City-St-Zip: LONGWOOD, FL 32750

Title: VPD () Delete PRICE, WILLIAM J Name: Address: 6279 SUN BLVD

City-St-Zip: ST PETERSBURG, FL 33715

Title: TSD () Delete POITROWSKI, JOHN Name: Address: 89 E STREETSBORO ST

HUDSON, OH 44236

Address: 2516 GRASSY POINT DR #204 City-St-Zip: LAKE MARY, FL 32746

GILL, AMRIT

PIOTROWSKI, JOHN

LAKE MARY, FL 32746

2569 GRASSY POINT DR #205

Title: (X) Change () Addition Name: LOCASCIO, MARY

VPSD

2608 GRASSY POINT DR #204 Address: City-St-Zip: LAKE MARY, FL 32746

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: JOHN PIOTROWSKI PD 03/17/2009