

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007852

FILED
Mar 24, 2009
Secretary of State

Entity Name: REGIONAL 800 CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

1701 HERMITAGE BLVD., SUITE 202
TALLAHASSEE, FL 32308

New Principal Place of Business:

2631 CENTENNIAL BOULEVARD
SUITE 100
TALLAHASSEE, FL 32308

Current Mailing Address:

1701 HERMITAGE BLVD., SUITE 202
TALLAHASSEE, FL 32308

New Mailing Address:

2631 CENTENNIAL BOULEVARD
SUITE 100
TALLAHASSEE, FL 32308

FEI Number: 26-3377898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PARRISH, ROBERT R JR.
1701 HERMITAGE BLVD., SUITE 202
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

FUENTES, JUAN M TREAS
2631 CENTENNIAL BOULEVARD
SUITE 100
TALLAHASSEE, FL 32308 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: JUAN M. FUENTES

03/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PARRISH, ROBERT R JR.
Address: 1701 HERMITAGE BLVD., SUITE 202
City-St-Zip: TALLAHASSEE, FL 32308

Title: DVS () Delete
Name: BEHRMAN, DOUGLAS N
Address: 1701 HERMITAGE BLVD., SUITE 202
City-St-Zip: TALLAHASSEE, FL 32308

Title: DT () Delete
Name: BETTINGER, JIM
Address: 1701 HERMITAGE BLVD., SUITE 202
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BACHTEL, MICHELLE D MD
Address: 2631 CENTENNIAL BOULEVARD, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32308

Title: VPD (X) Change () Addition
Name: HOYNE, ROBERT F MD
Address: 2631 CENTENNIAL BOULEVARD, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD (X) Change () Addition
Name: CRUTCHFIELD, SANDRA K
Address: 2631 CENTENNIAL BOULEVARD, SUITE 200
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD () Change (X) Addition
Name: FUENTES, JUAN M MHA
Address: 2631 CENTENNIAL BOULEVARD, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32308

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: JUAN M. FUENTES

TD

03/24/2009

Electronic Signature of Signing Officer or Director

Date