

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007852

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** REGIONAL 800 CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business:**

2631 CENTENNIAL BOULEVARD  
SUITE 100  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2631 CENTENNIAL BOULEVARD  
SUITE 100  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 26-3377898

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FUENTES, JUAN M TREAS  
2631 CENTENNIAL BOULEVARD  
SUITE 100  
TALLAHASSEE, FL 32308 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: PD  
Name: BACHTEL, MICHELLE D MD  
Address: 2631 CENTENNIAL BOULEVARD, SUITE 200  
City-St-Zip: TALLAHASSEE, FL 32308

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JUAN M FUENTES

TD

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date