

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 23, 2009  
Secretary of State

DOCUMENT# N17459

Entity Name: REGENT PARK MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

MOORE PROPERTY MANAGEMENT, LLC  
745 12TH AVE. S. #AA  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

MOORE PROPERTY MANAGEMENT, LLC  
745 12TH AVE. S. #AA  
NAPLES, FL 34102 US

**New Mailing Address:**

FEI Number: 59-2756989      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MORE PROPERTY MANAGEMENT  
745 12TH AVE. S. #AA  
NAPLES, FL 34102 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: VP ( ) Delete  
Name: GUERNSEY, DAN  
Address: 10640 REGENT CIRCLE  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: FULKER, GLEN  
Address: 3342 ARLETTE DR  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: LOBODA, MATTHEW  
Address: 10131 SAILFISH LANE  
City-St-Zip: NAPLES, FL 34109

Title: T ( ) Delete  
Name: JOHN, FLORENCE  
Address: 10170 REGENT CIRCLE  
City-St-Zip: NAPLES, F, 34109

Title: P ( ) Delete  
Name: LIBERTI, ERNEST  
Address: 10320 REGENT CIR  
City-St-Zip: NAPLES, FL 34109

**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: ERNEST LIBERTI

P

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date