

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18470

FILED
Apr 10, 2007
Secretary of State

Entity Name: REGENT PARK VILLAS I ASSOCIATION, INC.

Current Principal Place of Business:

4600 ENTERPRISE AVE
STE. A
NAPLES, FL 34104 US

New Principal Place of Business:

500 LOGAN BLVD SOUTH
NAPLES, FL 34119 US

Current Mailing Address:

4600 ENTERPRISE AVE
STE. A
NAPLES, FL 34104 US

New Mailing Address:

500 LOGAN BLVD SOUTH
NAPLES, FL 34119 US

FEI Number: 59-2756988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, RUSSELL
4600 ENTERPRISE AVE STE A
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

WRIGHT, RUSSELL
500 LOGAN BLVD SOUTH
NAPLES, FL 34119 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: RUSSELL WRIGHT

04/10/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NATHANSON, CAROL
Address: 10792 REGENT CIR
City-St-Zip: NAPLES, FL 34109

Title: VPD () Delete
Name: O'GUIN, CHRIS
Address: 3303 ERICK LAKE DR #702
City-St-Zip: NAPLES, FL 34109

Title: TD () Delete
Name: GLADU, DON
Address: 10854 REGENT CIR #101
City-St-Zip: NAPLES, FL 34109

Title: SD () Delete
Name: CRAVENS, DELMA
Address: 10798 REGENT CIR
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: GRISONNI, NOREEN
Address: 10770 REGENT CIR
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ADAMS, JOHN
Address: 10792 REGENT CIR
City-St-Zip: NAPLES, FL 34109

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 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 ADAMS

PD

04/10/2007

Electronic Signature of Signing Officer or Director

Date