

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18470

FILED
Apr 09, 2008
Secretary of State

Entity Name: REGENT PARK VILLAS I ASSOCIATION, INC.

Current Principal Place of Business:

500 LOGAN BLVD SOUTH
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

500 LOGAN BLVD SOUTH
NAPLES, FL 34119 US

New Mailing Address:

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
500 LOGAN BLVD SOUTH
NAPLES, FL 34119 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 () Delete
Name: ADAMS, JOHN
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: TD (X) Change () Addition
Name: ADAMS, JOHN
Address: 10792 REGENT CIR
City-St-Zip: NAPLES, FL 34109

Title: VPD (X) Change () Addition
Name: CAROLYN, NORTON
Address: 10852 REGENT CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: PD (X) Change () Addition
Name: HALPERIN, LARRY
Address: 10807 QUEEN ANNE LANE
City-St-Zip: NAPLES, FL 34109

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: THOMAS, WELSH
Address: 10803 QUEEN ANNE
City-St-Zip: NAPLES, FL 34109

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: THOMAS WELSH

VPD

04/09/2008

Electronic Signature of Signing Officer or Director

Date