

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18488

FILED
Apr 09, 2009
Secretary of State

Entity Name: REGENT PARK SINGLE FAMILY HOMES ASSOCIATION, INC.

Current Principal Place of Business:

3050 HORSESHOE DR N
275
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

3050 HORSESHOE DR N
275
NAPLES, FL 34104 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:

KRAMER TRIAD MGT.
3050 HORSE SHOE DR N #275
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

VANDALL, BONITA D
3050 HORSE SHOE DR N #275
NAPLES, FL 34104 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: BONITA VANDALL

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: WEBER, MOLLY
Address: 10620 REGENT CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: PD () Delete
Name: MCGOWAN, KEVIN
Address: 10580 REGENT CIR
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: GOLLY, RON
Address: 10610 REGENT CR
City-St-Zip: NAPLES, FL 34109

Title: TD () Delete
Name: GUERNSEY, DAN
Address: 10640 REGENT CIR
City-St-Zip: NAPLES, FL 34109

Title: VPD () Delete
Name: FULKER, GLEN
Address: 3342 ARLETTE DR.
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: D (X) Change () Addition
Name: GALLY, RON
Address: 10610 REGENT CR
City-St-Zip: NAPLES, FL 34109

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: KEVIN MCGOWAN

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date