2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2009
Secretary of State

DOCUMENT# N30215

Entity Name: REGINA LYNN RANCHES HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

15150 S.W. 24TH PLACE
DAVIE, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

15150 S.W. 24TH PLACE
DAVIE, FL 33326 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRODEY, ARCHIE F
15150 S.W. 24 PLACE
DAVIE, FL 33326 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: BRODEY, ARCHIE
Address: 15150 S.W. 24 PLACE
City-St-Zip: DAVIE, FL 33326

Title: VD ( ) Delete
Name: KLUMPP, ANDREAS
Address: 15200 SW 24 PL
City-St-Zip: DAVIE, FL 33326

Title: TD ( ) Delete
Name: MCPHERSON, HEIDI
Address: 15300 SW 24 PLACE
City-St-Zip: DAVIE, FL 33326

Title: SD ( ) Delete
Name: BRODEY, DEIRDRE
Address: 15250 S.W. 24TH PLACE
City-St-Zip: DAVIE, FL 33326

Title: SD ( ) Delete
Name: KLUMP, LENYS
Address: 15200 S.W. 24 PL
City-St-Zip: DAVIE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: PATRICK, SUMARD
Address: 15350 SW 24 PL
City-St-Zip: DAVIE, FL 33326

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

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

Title: SD (X) Change ( ) Addition
Name: KLUMP, LENY
Address: 15200 S.W. 24 PL
City-St-Zip: DAVIE, FL 33326

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: ARCHIE BRODEY PD 02/08/2009

Electronic Signature of Signing Officer or Director — Date