2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 25, 2007
Secretary of State

DOCUMENT# N33793

Entity Name: REGENCY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1512 RIO DE JANEIRO AVE
PORT CHARLOTTE, FL 33983 US

New Principal Place of Business:

Current Mailing Address:

2421 SHREVE ST
STE 115
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 65-0190022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENNETT, DOROTHY M
2421 SHREVE ST STE 115
PUNTA GORDA, FL 33950 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:	D	( ) Delete
Name:	ROHM, FREDERICK	
Address:	1512 RIO DE JANEIRO AVE. #211	
City-St-Zip:	PT CHARLOTTE, FL 33983	
Title:	SD	( ) Delete
Name:	MARRAMA, HELEN	
Address:	1512 RIO DE JANERIRO 325	
City-St-Zip:	PUNTA GORDA, FL 33983	
Title:	TD	( ) Delete
Name:	WILCOX, RUSSELL	
Address:	1512 RIO DE JANEIRO AVE #213	
City-St-Zip:	PUNTA GORDA, FL 33983	
Title:	PD	( ) Delete
Name:	SKELLY, DAN	
Address:	62 ASHLEY LANE	
City-St-Zip:	MIDDLEBORO, MA 02346	
Title:	VP	( ) Delete
Name:	SHIELDS, JACK	
Address:	5959 JAMMETTE STREET	
City-St-Zip:	PHILADELPHIA, PA 19128	

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:	PD	(X) Change ( ) Addition
Name:	CAMPBELL, FRANCES	
Address:	1512 RIO DE JANEIRO #214	
City-St-Zip:	PUNTA GORDA, FL 33983	
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: DOROTHY M BENNETT RA 05/25/2007

Electronic Signature of Signing Officer or Director — Date