

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33793

FILED
Apr 16, 2009
Secretary of State

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 JANEIRO 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: CAMPBELL, FRANCES
Address: 1512 RIO DE JANEIRO #214
City-St-Zip: PUNTA GORDA, FL 33983

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:

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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 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

CAM

04/16/2009

Electronic Signature of Signing Officer or Director

Date