





# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2006 8:00 am**  
**Secretary of State**

05-17-2006 90015 007 \*\*\*\*61.25

|  |                              |  |   |  |  |
|--|------------------------------|--|---|--|--|
| <b>DOCUMENT # N42793</b><br>1. Entity Name<br><b>REGENCY COMMERCE CENTER OWNERS ASSOCIATION, INC.</b>  |                              |  |   |   |  |
| Principal Place of Business<br><b>SLEIMAN ENTERPRISES</b><br><b>1 SLEIMAN PARKWAY, SUITE 280</b><br><b>JACKSONVILLE, FL 32216 US</b>   |                              |  | Mailing Address<br><b>SLEIMAN ENTERPRISES</b><br><b>1 SLEIMAN PARKWAY, SUITE 280</b><br><b>JACKSONVILLE, FL 32216 US</b>  |  |  |
| 2. Principal Place of Business   |                              | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |                              | Suite, Apt. #, etc.  |   |  |  |
| City & State   |                              | City & State   |   |  |  |
| Zip  | Country                      | Zip  | Country   |  |  |
| 4. FEI Number<br><b>59-3495202</b>   |                              |  |   | Applied For<br><input type="checkbox"/> Not Applicable                             |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                              |  |   | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SLEIMAN, PETER-D</b><br><b>1 SLEIMAN PARKWAY</b><br><b>SUITE 270</b><br><b>JACKSONVILLE, FL 32216</b>  |                              |  | 7. Name and Address of New Registered Agent<br>Name <b>Sleiman, Eli T., Jr.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1 Sleiman Parkway</b><br>Suite <b>270</b><br>City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32216</b> |  |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |                              |  |   |  |  |
| SIGNATURE   |                              | <b>Eli T. Sleiman, Jr.</b>   |   | <b>4/6/06</b><br>DATE  |  |
| Signature, typed or printed name of registered agent and title if applicable.  |                              | (NOTE: Registered Agent signature required when reinstating)                     |   | DATE   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>  |                              | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>   |                              |  |   |  |  |
| 10. OFFICERS AND DIRECTORS   |                              |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |  |
| TITLE  | D                            | <input type="checkbox"/> Delete  | TITLE   | DST  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | ERICKSON, BARBARA            |  | NAME  | Hendrix, Lee   |  |
| STREET ADDRESS   | 33 S. SIXTH ST.              |  | STREET ADDRESS  | 1 Sleiman Parkway, Suite 270   |  |
| CITY-ST-ZIP  | MINNEAPOLIS, MN              |  | CITY-ST-ZIP   | Jacksonville, FL 32216   |  |
| TITLE  | DST                          | <input checked="" type="checkbox"/> Delete                                       | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | MANCILLAS, RAMALA L          |  | NAME  |  |  |
| STREET ADDRESS   | 1 SLEIMAN PARKWAY, SUITE 280 |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | JACKSONVILLE, FL 32216       |  | CITY-ST-ZIP   |  |  |
| TITLE  |                              | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                              |  | NAME  |  |  |
| STREET ADDRESS   |                              |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |                              |  | CITY-ST-ZIP   |  |  |
| TITLE  |                              | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                              |  | NAME  |  |  |
| STREET ADDRESS   |                              |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |                              |  | CITY-ST-ZIP   |  |  |
| TITLE  |                              | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                              |  | NAME  |  |  |
| STREET ADDRESS   |                              |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |                              |  | CITY-ST-ZIP   |  |  |
| TITLE  |                              | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                              |  | NAME  |  |  |
| STREET ADDRESS   |                              |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |                              |  | CITY-ST-ZIP   |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                              |  |   |  |  |
| SIGNATURE:    |                              | <b>Eli T. Sleiman, Jr.</b>   |   | <b>4/6/06</b><br>Date  |  |
| Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                              | Date   |   | Daytime Phone # <b>(904) 731-8806</b>  |  |