

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42793

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** REGENCY COMMERCE CENTER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

SLEIMAN ENTERPRISES  
1 SLEIMAN PARKWAY, SUITE 270  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

SLEIMAN ENTERPRISES  
1 SLEIMAN PARKWAY, SUITE 270  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

**FEI Number:** 59-3495202

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITE, ROBERT K  
1 SLEIMAN PARKWAY  
SUITE 270  
JACKSONVILLE, FL 32216 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  
**Name:** ERICKSON, BARBARA  
**Address:** 33 S. SIXTH ST.  
**City-St-Zip:** MINNEAPOLIS, MN

**Title:** DVPS  
**Name:** WALLS, DARYL  
**Address:** 1 SLEIMAN PKWY STE 270  
**City-St-Zip:** JACKSONVILLE, FL 32216

**Title:** DP  
**Name:** WHITE, ROBERT K  
**Address:** 1 SLEIMAN PARKWAY SUITE 270  
**City-St-Zip:** JACKSONVILLE, FL 32216

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT K. WHITE

RA

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date