

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42816

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** REGAL COVE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1508 REGAL COVE BLVD  
KISSIMMEE, FL 34744 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 701885  
SAINT CLOUD, FL 347701885 US

**New Mailing Address:**

**FEI Number:** 59-3060462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRAWFORD, JOHN  
1508 REGAL COVE BOULEVARD  
KISSIMMEE, FL 34744 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  
**Name:** CRAWFORD, JOHN  
**Address:** 1508 REGAL COVE BLVD  
**City-St-Zip:** KISSIMMEE, FL 34744 US

**Title:** TD  
**Name:** MEZARDJIAN, EDDIE  
**Address:** 1501 REGAL COVE BLVD  
**City-St-Zip:** KISSIMMEE, FL 34744 US

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:** JOHN CRAWFORD

PD

02/16/2012

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

\_\_\_\_\_  
Date