


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000002137</b> 1. Entity Name <b>REGENCY MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>9195 SW 72ND ST MIAMI, FL 33173</b>	Mailing Address <b>P.O. BOX 330044 COCONUT GROVE, FL 33233</b>
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0199843</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**SACHER, CHARLES P  
2655 LEJEUNE RD  
SUITE 1101  
CORAL GABLES, FL 33134**

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IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP MUINA, BARBARA 9195 SW 72ND ST. #210 MIAMI, FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST LOMAN, JEFFREY 9195 S.W. 72ND ST. #210 MIAMI, FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV CARVAJAL, PEDRO 9195 S.W. 72ND ST. #100 MIAMI, FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LLANEZA, PEDRO 9195 SW 72ND ST #120 MIAMI, FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PLASENCIA, GUSTAVO 9195 SW 72ND ST 230 MIAMI, FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000725110  
05/03/07-80009-007 61.25

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:** *Barbara Muina* **BARBARA MUINA** 4/12/07 . 305-643-5040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #