


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State


DOCUMENT # N93000002137
 1. Entity Name
 REGENCY MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 9195 SW 72ND ST
 MIAMI, FL 33173

Mailing Address
 P.O. BOX 330044
 COCONUT GROVE, FL 33233

DO NOT WRITE IN THIS SPACE



02122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0199843	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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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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 reappointing)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

Filing Fee is \$81.25 Due by May 1, 2008

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

000000915590
 05/09/08-90019-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MUJINA, BARBARA 9195 SW 72ND ST. #210 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOMAN, JEFFREY 9195 S.W. 72ND ST. #210 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARVAJAL, PEDRO 9195 S.W. 72ND ST. #100 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLANEZA, PEDRO 9195 SW 72ND ST #120 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLASENCIA, GUSTAVO 9195 SW 72ND ST 230 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: PEDRO P. LLANEZA 4/10/08 3055989090
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #