

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002137

FILED
Mar 20, 2009
Secretary of State

Entity Name: REGENCY MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9195 SW 72ND ST
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 330044
COCONUT GROVE, FL 33233

New Mailing Address:

FEI Number: 65-0199843 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SACHER, CHARLES P
2655 LEJEUNE RD
SUITE 1101
CORAL GABLES, FL 33134 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: DVP () Delete
Name: MUINA, BARBARA
Address: 9195 SW 72ND ST. #210
City-St-Zip: MIAMI, FL 33173

Title: ST () Delete
Name: LOMAN, JEFFREY
Address: 9195 S.W. 72ND ST. #210
City-St-Zip: MIAMI, FL 33173

Title: DV () Delete
Name: CARVAJAL, PEDRO
Address: 9195 S.W. 72ND ST. #100
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: LLANEZA, PEDRO
Address: 9195 SW 72ND ST #120
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: PLASENCIA, GUSTAVO
Address: 9195 SW 72ND ST 230
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA MUINA

DVP

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date