

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90019 048 ****61.25

DOCUMENT # N97000004478 1. Entity Name REGENCY II OFFICE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3200 N WICKHAM MELBOURNE, FL 32935 US			Mailing Address P.O. BOX 33503 INDIALANTIC, FL 32903 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3502536	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JACOBS, JOANN B. 410 THRUSH DR. SATELLITE BEACH, FL 32937				Name Deborah Rufo Street Address (P.O. Box Number is Not Acceptable) 3200 N. Wickham Road Ste 2 City Melbourne, FL Zip Code 32935	
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 <i>Deborah K. Rufo, Secretary/Treasurer</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 2/26/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JACOBS, JOANN B 410 THRUSH DR. SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jim Burke, President 100 Rialto Place, Suite 215 Melbourne, FL 32901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRS GREGAS, ANNE DR 3200 N WICKHAM RD #1 MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. Laurie Seagrist, V.P. 3200 N. Wickham Rd. Ste 6 Melbourne, FL 32935	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUFO, DEBORAH K 3200 N. WICKHAM RD., 5412 MELBOURNE, FL 32735	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Deborah K. Rufo, Secretary/Treasurer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 2/26/04 Daytime Phone # 321-259-0199	
<i>Deborah K. Rufo Secretary/Treasurer</i>					