

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003799

FILED
Mar 30, 2009
Secretary of State

Entity Name: REGENCY HEIGHTS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2550 STATE ROAD 580 E
#243
CLEARWATER, FL 33761

New Principal Place of Business:

2550 STATE ROAD 580 E
#452
CLEARWATER, FL 33761

Current Mailing Address:

2550 STATE ROAD 580 E
#243
CLEARWATER, FL 33761

New Mailing Address:

2550 STATE ROAD 580 E
#452
CLEARWATER, FL 33761

FEI Number: 59-3522104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANIERI SR, MICHAEL J
2550 SR 580 E #452
CLEARWATER, FL 33761 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: D () Delete
Name: PESAVENTO, MARY
Address: 2550 SR 580 E #369
City-St-Zip: CLEARWATER, FL 33761

Title: VPD () Delete
Name: SCALZI, PETER
Address: 2550 SR 580 E #481
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: CONKLIN, PAT
Address: 2550 S.R. 580 E., 310
City-St-Zip: CLEARWATER, FL 33761

Title: TD () Delete
Name: THORNTON, ROSEITA
Address: 2550 SR 580 E # 392
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: MINASIAN, FREDERICK
Address: 2550 SR 580 E #120
City-St-Zip: CLEARWATER, FL 33761

Title: SD () Delete
Name: PALMERI, MARION
Address: 2550 SR 580 E #277
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: CONKLIN, PAT
Address: 2550 SR 580 E #310
City-St-Zip: CLEARWATER, FL 33761

Title: D (X) Change () Addition
Name: STEPHAN, DONALD
Address: 2550 S.R. 580 E #382
City-St-Zip: CLEARWATER, FL 33761

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: MICHAEL J GRANIERI

PRES

03/30/2009

Electronic Signature of Signing Officer or Director

Date