

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759243

**Entity Name:** CLUB REGENCY OF MARCO ISLAND CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**May 01, 2024**  
**Secretary of State**  
**6443081457CC**

**Current Principal Place of Business:**

500 S. COLLIER BLVD.  
CLUB REGENCY  
MARCO ISLAND, FL 34145

**Current Mailing Address:**

5323 MILLENIA LAKES BLVD  
SUITE 120  
ORLANDO, FL 32839 US

**FEI Number: 59-2800972**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            LEE, CLARK  
Address        5323 MILLENIA LAKES BLVD  
                  SUITE 120  
City-State-Zip: ORLANDO FL 32839

Title            SECRETARY, DIRECTOR  
Name            BREHM, JANICE H.  
Address        5323 MILLENIA LAKES BLVD  
                  SUITE 120  
City-State-Zip: ORLANDO FL 32839

Title            TREASURER, DIRECTOR  
Name            LEE, JACQUE  
Address        5323 MILLENIA LAKES BLVD  
                  SUITE 120  
City-State-Zip: ORLANDO FL 32839

Title            VP, DIRECTOR  
Name            KENNEDY, TIMOTHY M.  
Address        5323 MILLENIA LAKES BLVD  
                  SUITE 120  
City-State-Zip: ORLANDO FL 32839

Title            DIRECTOR  
Name            BOOMS, RICK  
Address        5323 MILLENIA LAKES BLVD  
                  SUITE 120  
City-State-Zip: ORLANDO FL 32839

*I hereby 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 all other like empowered.*

**SIGNATURE: CLARK LEE**

**PRESIDENT**

**05/01/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date