

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02388

**Entity Name:** REGENCY WEST OWNERS' ASSOCIATION, INC.

**FILED**  
**Feb 12, 2018**  
**Secretary of State**  
**CC5884958392**

**Current Principal Place of Business:**

501 MARY ESTHER BOULEVARD  
SUITE 6  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

501 MARY ESTHER BOULEVARD  
SUITE 6  
FORT WALTON BEACH, FL 32548 US

**FEI Number: 26-3725238**

**Certificate of Status Desired: Yes**

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

CHERRY, JEFF  
501 MARY ESTHER BOULEVARD  
SUITE 6  
FORT WALTON BEACH, FL 32548 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 PD  
Name CHERRY, JEFF  
Address 501 MARY ESTHER BOULEVARD,  
SUITE 6  
City-State-Zip: FORT WALTON BEACH FL 32548

Title TRS  
Name DOMINGUEZ, LIGEN  
Address 501 MARY ESTHER BOULEVARD,  
SUITE 8  
City-State-Zip: FORT WALTON BEACH FL 32548

Title VPD  
Name HARRIS, DENIZ  
Address 501 MARY ESTHER BOULEVARD,  
SUITE 7  
City-State-Zip: FORT WALTON BEACH FL 32548

Title SECRETARY  
Name SHELDON, CINDY  
Address 501 MARY ESTHER CUTOFF NW STE  
4  
City-State-Zip: FORT WALTON BEACH FL 32548

*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: JEFFREY L CHERRY**

**PRESIDENT**

**02/12/2018**

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

\_\_\_\_\_  
Date