

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L86928

Entity Name: REGENCY REALTY GROUP, INC.**Current Principal Place of Business:**ONE INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 32202-5019**Current Mailing Address:**ONE INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 32202-5019 US**FEI Number:** 59-3016736**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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 S VP
Name MILLER, KATHY D
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title S VP
Name LEAVITT, J C
Address ONE INDEPENDENT DRIVE, SUITE
114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title VP
Name FLEMING, TOM K
Address ONE INDEPENDENT DRIVE, SUITE
114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title SVP
Name ARGALAS, BARRY E
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title D
Name STEIN, MARTIN EJR
Address ONE INDEPENDENT DRIVE, SUITE
114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title PRES
Name SMITH, BRIAN M
Address ONE INDEPENDENT DRIVE, SUITE
114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title MANAGING DIRECTOR
Name THOMPSON, JAMES D
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title VP
Name BRETTINGEN, ANNE
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHY D MILLER

SVP

04/08/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name DEVEREAUX, TERAH L
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title VP
Name JOHNSON, PATRICK M
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title SVP
Name JOHNSTON, DALE S
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title VP
Name MAXWELL, PAUL C
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title EXECUTIVE VP/CFO
Name PALMER, LISA
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title VP
Name PAULK, CELIA R
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title VP
Name BOOTH, MATTHEW J
Address 8080 NORTH CENTRAL EXPRESSWAY
SUITE 600
City-State-Zip: DALLAS TX 75206

Title MANAGING DIRECTOR
Name CHANDLER, DAN M
Address 915 WILSHIRE BLVD.
SUITE 2200
City-State-Zip: LOS ANGELES CA 90017

Title VP
Name CONWAY, PATRICK N
Address 915 WILSHIRE BLVD.
SUITE 2200
City-State-Zip: LOS ANGELES CA 90017

Title VP
Name DAMRATH, WILLIAM J

Title SVP
Name HOFHEIMER, NORMAN A
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title SVP
Name JOHNSTON, BARBARA C
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title SVP
Name MAS, MICHAEL J
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title VP
Name NEEL, SHANA R
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title VP
Name PAUL, THOMAS C
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title VP
Name PORTER, SCOTT
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title VP
Name BRACKENRIDGE, WILLIAM S
Address 8080 NORTH CENTRAL EXPRESSWAY
SUITE 600
City-State-Zip: DALLAS TX 75206

Title VP
Name CLARK, LAURA E
Address 915 WILSHIRE BLVD.
SUITE 2200
City-State-Zip: LOS ANGELES CA 90017

Title VP
Name CORINI, DAVID D
Address 1919 GALLOWS ROAD
SUITE 1000
City-State-Zip: VIENNA VA 22182

Title MANAGING DIRECTOR
Name DELATOUR, JOHN S

Address 1873 SOUTH BELLAIRE STREET
SUITE 600
City-State-Zip: DENVER CO 80222

Title VP
Name HAYES, JOHN P
Address 915 WILSHIRE BLVD.
SUITE 2200
City-State-Zip: LOS ANGELES CA 90017

Title SVP
Name KINSELLA, MICHAEL R
Address 4041 PARK OAKS DRIVE
SUITE 110
City-State-Zip: TAMPA FL 33610

Title VP
Name KOLESZAR, ANDRE N
Address 3715 NORTHSIDE PARKWAY
400 NORTHCREEK SUITE 400
City-State-Zip: ATLANTA GA 30327

Title SVP
Name LEFTWICH, SNOWDEN M
Address 1873 SOUTH BELLAIRE STREET
SUITE 600
City-State-Zip: DENVER CO 80222

Title VP
Name OVERTON, HOWARD E
Address 2999 OAK ROAD
SUITE 1000
City-State-Zip: WALNUT CREEK CA 94597

Title VP
Name PETERNELL, MARK A
Address 1873 SOUTH BELLAIRE STREET
SUITE 600
City-State-Zip: DENVER CO 80222

Title SVP
Name PRIGGE, SCOTT R
Address 3715 NORTHSIDE PARKWAY
400 NORTHCREEK SUITE 400
City-State-Zip: ATLANTA GA 30327

Title SVP
Name ROTH, ALAN T
Address 1919 GALLOWS ROAD
SUITE 1000
City-State-Zip: VIENNA VA 22182

Title SVP
Name SHAFFER, DOUGLAS W
Address 2999 OAK ROAD
SUITE 1000
City-State-Zip: WALNUT CREEK CA 94597

Address 8080 NORTH CENTRAL EXPRESSWAY
SUITE 600
City-State-Zip: DALLAS TX 75206

Title VP
Name HRICKO, JOHN R
Address 150 MONUMENT ROAD
SUITE 5406
City-State-Zip: BALA CYNWYD PA 19004

Title SVP
Name KNOEDLER, PETER J
Address 2999 OAK ROAD
SUITE 1000
City-State-Zip: WALNUT CREEK CA 94597

Title SVP
Name KREJS, PATRICK P
Address 8080 NORTH CENTRAL EXPRESSWAY
SUITE 600
City-State-Zip: DALLAS TX 75206

Title VP
Name MEHIGAN, JOHN T
Address 915 WILSHIRE BLVD.
SUITE 2200
City-State-Zip: LOS ANGELES CA 90017

Title VP
Name PACETTI, DAVID A
Address 3700 BUFFALO SPEEDWAY
SUITE 560
City-State-Zip: HOUSTON TX 77098

Title SVP
Name PHARR, JOHN H
Address 2068 CLARK AVENUE
City-State-Zip: RALEIGH NC 27605

Title SVP
Name RAMEY, H C
Address 5335 SW MEADOWS
SUITE 295
City-State-Zip: LAKE OSWEGO OR 97035

Title SVP
Name SADOWSKY, GREGG R
Address 265 SANTA HELENA
SUITE 2111
City-State-Zip: SOLANA BEACH CA 92075

Title VP
Name STEDHAM, DON E
Address 1919 GALLOWS ROAD
SUITE 1000
City-State-Zip: VIENNA VA 22182

Title VP

Title VP
Name SUTPHIN, RICHARD W
Address 1919 GALLOWS ROAD
SUITE 1000
City-State-Zip: VIENNA VA 22182

Title VP
Name WIDMAYER, CHRISTOPHER A
Address 2068 CLARK AVENUE
City-State-Zip: RALEIGH NC 27605

Title VP
Name HENDY, MATT
Address 1211 WEST 22ND STREET
SUITE 300
City-State-Zip: OAK BROOK IL 60523

Title VP
Name OLDENBURG, CHRISTIAN
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019

Name WIBBENMEYER, NICHOLAS A
Address 1211 WEST 22ND STREET
SUITE 300
City-State-Zip: OAK BROOK IL 60523

Title VP
Name WILSON, SCOTT L
Address 2999 OAK ROAD
SUITE 1000
City-State-Zip: WALNUT CREEK CA 94597

Title VP
Name MCNULTY, DAVE
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019

Title VP
Name DOLIMPIO, AMY
Address ONE INDEPENDENT DRIVE
SUITE 114
City-State-Zip: JACKSONVILLE FL 32202-5019