

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90138 010 ****61.25

004-715

DOCUMENT # 729147

1. Entity Name
REGENCY HIGHLAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3912 S OCEAN BLVD
HIGHLAND BCH FL 33487-2330**

Mailing Address
**3912 S OCEAN BLVD
HIGHLAND BCH FL 33487-2330**

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 **59-1694171**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKER & POLIAKOFF, P.A.
500 AUSTRALIAN AVE. S. 9TH FLOOR
WEST PALM BEACH FL 33401**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$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	SD	<input type="checkbox"/> Delete
NAME	THOMAS, REGINA	
STREET ADDRESS	3912 S. OCEAN BLVD. #909	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEVENSON, ED	
STREET ADDRESS	3912 S. OCEAN BLVD. #609	
CITY-ST-ZIP	HIGHLAND BCH FL 33487	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TRIMLAND, STANLEY	
STREET ADDRESS	3912 S OCEAN BLVD #1201	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	P	<input type="checkbox"/> Delete
NAME	BUONOMO, PETER	
STREET ADDRESS	3912 S OCEAN BLVD #906	
CITY-ST-ZIP	HIGHLAND BCH FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOFF, CRAIG	
STREET ADDRESS	3912 S OCEAN BLVD #1409	
CITY-ST-ZIP	HIGHLAND BCH FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAVENSON, FERNE	
STREET ADDRESS	3912 S. OCEAN BLVD. #100	
CITY-ST-ZIP	HIGHLAND FL 33487	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERIDAN, PETER	
STREET ADDRESS	3912 S. OCEAN BLVD # 406	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVENSON, ED	
STREET ADDRESS	3912 S. OCEAN BLVD # 609	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAPERSTEIN, JERRY	
STREET ADDRESS	3908 S. OCEAN BLVD M-122	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUONOMO, PETER	
STREET ADDRESS	3912 S. OCEAN BLVD #906	
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEIN, MIKE	
STREET ADDRESS	3912 S. OCEAN BLVD #905	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAVENSON, FERNE	
STREET ADDRESS	3912 S. OCEAN BLVD #100	
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	

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: *Edward Levenson* **EDWARD LEVENSON**

561-272-2506

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)