

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **747077** (6)
1. Corporation Name
REGENT PALACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **9309-17 COLLINS AVE #8 SURFSIDE FL**
Mailing Address: **9309-17 COLLINS AVE #8 SURFSIDE FL**

3. Date Incorporated or Qualified: **05/07/1979**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0022363	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	28	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	Country	29	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OWEN, RUTH CPA R.O. ACCOUNTING SVCS. INC. 16345 W DIXIE HWY STE 134 N MIAMI BEACH FL 33160				81	Name	CEASE, MICHAEL S.	
				82	Street Address (P.O. Box Number is Not Acceptable)	2900 N.W. 7th ST.	
				83			
				84	City	MIAMI	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **3-15-96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEBOWITZ, GERALD			1.2 NAME	Fernandez, Juan		
STREET ADDRESS	9309 COLLINS AVE #11			1.3 STREET ADDRESS	9309 Collins Ave. #15		
CITY-ST-ZIP	SURFSIDE FL			1.4 CITY-ST-ZIP	Surfside, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABRAHAM, MAURICE			2.2 NAME			
STREET ADDRESS	9309 COLLINS AVE. #8			2.3 STREET ADDRESS			
CITY-ST-ZIP	SURFSIDE FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVINE, EMMA			3.2 NAME			
STREET ADDRESS	9317 COLLINS AVE. #18			3.3 STREET ADDRESS			
CITY-ST-ZIP	SURFSIDE FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *[Signature]* **3/13/96** **308-868-1380**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)