## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

## REGENT PALACE CONDOMINIUM ASSOCIATION, INC.

						-}			( <b>4</b>   <b>1</b>   <b>1</b>
Principal Place of Business Mailing Address						1 198111 10811 01811 70811 00111 10911		#1#31 #1P11 #1	1011 104011 1041
9309-17 COLLIN	IS AVE	9309-17 COLLINS AVE							
#8 Surfside Fl		#8 Surfside FL 33154-2622							
SUMPSIDE FL		SUNFSIDE PL 30134-2022			3. Date incorporated or Qualified 05/07/1979	3a. Date of Last Report 03/20/1996			
<u> </u>	lace of Business	2a. Mailing Address				4. FEI Number 65-0022363			pplied For
21		26 Svite Ant # ##							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	0	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution		Added	to Fees	
Zip	Country	Zip	L Cou	ntry		8. This corporation has liability for in			3. 199.032,
24	25	29	30			Florida Statutes Yes No  10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New He	Jistereo A	gent	·····
			- 1	B1	Harrie				
	MICHAEL S V 7THS T		82 Street Addre			ess (P.O. Box Number is Not Acceptab	le)		
	V DIXIE HWY STE 134		83			<del></del>			
MIAMI F	L 33125		84			<del></del>	FL	<b>85</b> Zip	Code
4.4 Disastront	to the provisions of Castions 617.050	2 and 617 1609 Florida Statut	loo the al		nomad care	oration submits this statement for the s	- IT L	shanaina i	ite registered
office or i	registered agent, or both, in the State	of Florida, Such change was ations of Section 617 0503. Fl	authorized orida Stat	d by	the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	the appo	intment as	registered
SIGNATURE	arriamini mar, and accept the obligi	anona or, occinon o m. 1000, m	onou olui	utos	•	•			
Signature typed or printed name of registered agent and title if applicable. (NOTE: R					nk signature require	ed when reinstating)	DATE		
12.				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	☐ DELETE	1.1 TO				L	Change	Addition
NAME	FERNANDEZ, JUAN		1.2 NAME						
STREET ADDRESS	9309 COLLINS AVE #11		1.3 ST	REET	ADDRESS	•			ļ
CITY-S1-ZIP	SURFSIDE FL	- I brieze	1.4 Ci	_	T-ZIP		<del></del>	- Observe	- Augustan
TITLE	VD	DELETE	2.1 YII				ı	Change	Addition
NAME	ABRAHAM, MAURICE		2.2 NA	WE					
STREET ADDRESS	9309 COLLINS AVE. #8		2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	SURFSIDE FL		_		ST-ZIP		·····		
TITLE	SD	☐ DELETE	3.1 11				L	Change	Addition
NAME	LEVINE, EMMA			32 NAME					İ
STREET ADDRESS	9317 COLLINS AVE. #18			REET	ADDRESS				
CITY-ST-ZIP	SURFSIDE FL				ST-ZIP				
TITLE		L DELETE	4.1 TITLE				L	Change	Addition
NAME			4. 2 N						
STREET ADDRESS	[				ADDRESS				
CITY-ST-ZIP			4.4 CITY-		T-ZIP		<del></del>	00000	A 4490 ··
TITLE		DELETE	5.1 TO				ι	Change	Addition
NAME			5.2 N/						
STREET ADDRESS			5.3 ST	REET	ADDRESS				
CITY-ST-ZIP			5.4 CI	TY-S	T-ZIP				
TITLE		☐ DELETE	6.1 Ti	TLE	1		Į.	Change	Addition
NAME			6.2 N/	AME					
STREET ADDRESS	Į.		6.3 STREET ADDRESS						
CITY ST. 7IP			640	TV. C	T. 710				į

14. I do 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 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 charged, or on an attachment with an address.

SIGNATURE:

Batarice Ablaham Vif 2/4/97

**FILED** 

Feb 18 1997 8:00am

Secretary of State

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