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01-25-1999 90015 028 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748198

1. Corporation Name

REGAL PALMS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3200 SPRINGDALE BLVD. OXFORD-115 PALM SPRINGS FL 33461	3200 SPRINGDALE BLVD. OXFORD-115 PALM SPRINGS FL 33461

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	07/25/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2163074 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MARINO, NICHOLAS J.
3200 SPRINGDALE BLVD.
O-106
PALM SPRINGS FL 33461

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

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 _____ DATE
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	D	☒ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	~~GALLUCCI, FRANCES~~		1.2 NAME	Anthony Napolitano	
STREET ADDRESS	~~3300 SPRINGDALE BLVD. M-305~~		1.3 STREET ADDRESS	3100 Springdale Blvd. E311	
CITY-ST-ZIP	~~PALM SPRINGS FL~~		1.4 CITY-ST-ZIP	Palm Springs, Fla. 33461	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GUERRAZZI, ANTHONY		2.2 NAME		
STREET ADDRESS	SPRINGDALE BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM SPRINGS FL 33461		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MAJEWSKI, CASIMIR		3.2 NAME		
STREET ADDRESS	3500 SPRINGDALE BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM SPRINGS, FL 00000		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NICHOLAS, MARINO		4.2 NAME		
STREET ADDRESS	3200 SPRINGDALE BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM SPRINGS, FL 00000		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RODIS, ELIZABETH		5.2 NAME		
STREET ADDRESS	3100 SPRINGDALE BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM SPRINGS, FL 00000		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GARDNER, ROLLO		6.2 NAME		
STREET ADDRESS	3200 SPRINGDALE BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM SPRINGS, FL 00000		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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 an address, with all other like empowered.

SIGNATURE: Nicholas Marino SIGNATURE REQUIRED Pres 1/4/99 561-433-0156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #