

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90110 021 \*\*\*\*61.25

|                                                                    |                                                                                   |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 748198</b>                                           |  |
| 1. Entity Name<br><b>REGAL PALMS CONDOMINIUM ASSOCIATION, INC.</b> |                                                                                   |

|                                                                                                       |                                                                                           |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>3200 SPRINGDALE BLVD.<br/>OXFORD-115<br/>PALM SPRINGS, FL 33461</b> | Mailing Address<br><b>3200 SPRINGDALE BLVD.<br/>OXFORD-115<br/>PALM SPRINGS, FL 33461</b> |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

**24044680**

|                                                                  |                                                      |
|------------------------------------------------------------------|------------------------------------------------------|
| 2. Principal Place of Business<br><b>2328 S. CONGRESS AVENUE</b> | 3. Mailing Address<br><b>2328 S. CONGRESS AVENUE</b> |
| Suite, Apt. #, etc.<br><b>SUITE 2A</b>                           | Suite, Apt. #, etc.<br><b>SUITE 2A</b>               |
| City & State<br><b>WEST PALM BEACH, FL</b>                       | City & State<br><b>WEST PALM BEACH, FL</b>           |
| Zip<br><b>33406</b>                                              | Country<br><b>USA</b>                                |

04052004 Chg-NP CR2E037 (10/03)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-2163074</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                                              |                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><b>MARINO, NICHOLAS J.<br/>3200 SPRINGDALE BLVD.<br/>O-106<br/>PALM SPRINGS, FL 33461</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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

**Filing Fee Is \$61.25  
Due by May 1, 2004**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MEDINA, JUAN<br>3200 SPRINGDALE BLVD<br>PALM SPRINGS, FL 33461 <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VPD<br>GOLDBERG, LUCILLE<br>2328 S. CONGRESS AVE., SUITE 2A<br>WEST PALM BEACH, FL 33406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MUISE, SUSAN<br>3200 SPRINGDALE BLVD<br>PALM SPRINGS, FL 33461 <input checked="" type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TD<br>IACOBELLI, JOSEPHINE<br>2328 S. CONGRESS AVE., SUITE 2A<br>WEST PALM BEACH, FL 33406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ALONSO, MANUEL<br>3200 SPRINGDALE BLVD #308<br>PALM SPRINGS, FL 33461 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>SECONDI, WILLIAM<br>2328 S. CONGRESS AVE., SUITE 2A<br>WEST PALM BEACH, FL 33406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>NICHOLAS, MARINO<br>3200 SPRINGDALE BLVD<br>PALM SPRINGS, FL 33461 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>MARINO, NICHOLAS<br>2328 S. CONGRESS AVE., SUITE 2A<br>WEST PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>RODIS, ELIZABETH<br>3100 SPRINGDALE BLVD.<br>PALM SPRINGS, FL 33461 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>FRANCISCO, SEBASTIAN<br>2328 S. CONGRESS AVE., SUITE 2A<br>WEST PALM BEACH FL 33406 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>GARDNER, ROLLO<br>3200 SPRINGDALE BLVD.<br>PALM SPRINGS, FL 33461 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SD<br>GARDNER, ROLLO<br>2328 S. CONGRESS AVE., SUITE 2A<br>WEST PALM BEACH, FL 33406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |

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:**

*Rollo Gardner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/12/04*  
Date

*561-439-1433*  
Daytime Phone #

Attachment  
34044680

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N01883

REGAL PALMS CONDOMINIUM ASSOCIATION, INC.

2328 S. CONGRESS AVE.  
SUITE 2A  
WEST PALM BEACH, FL  
33406 USA

FEI Number  
59-2163074

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**ADDITIONS**

D Addition  
FRANCISCO, ANN  
2328 S CONGRESS AVE., SUITE 2A  
WEST PALM BEACH, FL 33406

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