

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748198					
1. Entity Name REGAL PALMS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2328 S. CONGRESS AVE SUITE 2A WEST PALM BEACH, FL 33406		Mailing Address 2328 S. CONGRESS AVE SUITE 2A WEST PALM BEACH, FL 33406			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2163074	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				02222007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARINO, NICHOLAS J. 3200 SPRINGDALE BLVD. O-106 PALM SPRINGS, FL 33461				Name Lucille Goldberg Street Address (P.O. Box Number is Not Acceptable) 3200 SPRINGDALE BLVD O-115 City PALM SPRINGS FL Zip Code 33461	
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 reappointing)				DATE 3/19/07	
Filing Fee is \$81.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDBERG, LUCILLE 2328 S. CONGRESS AVE., SUITE 2-A WEST PALM BEACH, FL 33406 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IACOBELLI, JOSEPHINE 2328 S. CONGRESS AVE., SUITE 2-A WEST PALM BEACH, FL 33406 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SECONDI, WILLIAM 2328 S. CONGRESS AVE., SUITE 2-A WEST PALM BEACH, FL 33406 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDINA, JUAN 2328 S. CONGRESS AVE., STE. 2A WEST PALM BEACH, FL 33406 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCISCO, ANN 2328 S CONGRESS AVE STE 2A WEST PALM BEACH, FL 33406 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRANCISCO, SEBASTIAN 2328 S. CONGRESS AVE., SUITE 2-A WEST PALM BEACH, FL 33406 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRANCISCO, SEBASTIAN 2328 S. CONGRESS AVE., SUITE 2A WEST PALM BEACH, FL 33406 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARDNER, ROLLO 2328 S. CONGRESS AVE., SUITE 2-A WEST PALM BEACH, FL 33406 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 3/19/07 Daytime Phone # 561-437-0196	