

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

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000008051

1. Entity Name
REGALO HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**4400 WEST SAMPLES ROAD STE 200
COCONUT CREEK, FL 33073-3450**

Mailing Address
**4400 WEST SAMPLES ROAD STE 200
COCONUT CREEK, FL 33073-3450**



04222004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1587599

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MINTO COMMUNITIES, INC.
4400 WEST SAMPLE ROAD STE 200
COCONUT CREEK, FL 33073-3450**

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IN THIS SPACE**

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**

**000000153813
05/04/04-80141-017 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BEER, T.R.
4400 WEST SAMPLES ROAD STE 200
COCONUT CREEK, FL 330733450**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
CLEMENT, GARY
4400 WEST SAMPLES ROAD STE 200
COCONUT CREEK, FL 330733450**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
RODGERS, FRANK
4400 WEST SAMPLES ROAD STE 200
COCONUT CREEK, FL 330733450**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: Frank Rodgers **FRANK RODGERS** 4/21/04 **954-977-4490**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #