## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N02000008051** 

## FILED May 07, 2007 8:00 am Secretary of State

05-07-2007 90065 028 \*\*\*\*61.25

1. Entity Name REGALO HOMEOWNERS ASSOCIATION, INC.							_						
Principal Place of Business 1145 SAWGRASS COTP PKWY SUNRISE, FL 33323 US		1145	Mailing Address 1145 SAWGRASS COTP PKWY SUNRISE, FL 33323 US				\$010.5.						
2. Principat Place of Business - No P.O. Box #			3. Mail	3. Mailing Address									
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				03302007	Chg-NP	CR2E03	7 (12/06)		
City & State			Cit	City & State				4. FEI Number Applied For 42-1587599 Not Applied ble					
Zip	p Country		Zip	Zip Coi		ntry				\$8.75 Add Fee Required			
6. Name and Address of Current Register			nt Registere					7. Name and Address of New Registered Agent					
KATZMAN	I & KODD					Name							
KATZMAN & KORR 1501 NW 49 STREET STE 202				Street Ad			ddress (F	ss (P.O. Box Number is Not Acceptable)					
FORT LA	JDERDAL	E, FL 33309											
					City					FL	Zip Code		
8. The above the obligat	e named entit tions of regist	y submits this statement tered agent.	for the purp	ose of changing its	registere	d office or	r registere	ed agent, or bot	h, in the State of I	Florida. I am	amiliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered age	ent and title if appl	icable. (NOT)	E: Bogistered	Agent signate							
_					E. HOGIZIATOO		оте гединеа	wnen reinstaung)		DATE			
	-	e is \$61.25 May 1, 2007		9. Election Car Trust Fund C	mpaign Fi	inancing		\$5.00 May B Added to Fees		Make check orida Depar			
10.	Due by N	e is \$61.25	DIRECTORS	9. Election Car	mpaign Fi	inancing		\$5.00 May B Added to Fees DDITIONS/CHA		Make check orida Depar	tment of St	ate	
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12. I hereby certify that the information supplied with this filling poes 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 two 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 empseciate tokescute this peptral 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 chapter 617.

**SIGNATURE:** 

NATURE AND TYPED OF PRINTED MANE OF SH

ME OF SIGNING OFFICER OR DIRECTOR

04/25/07

954 3 28 55