

Amended
**NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 70500006358
 1. Entity Name
Regent Park Condominium Assoc, Inc.



FILED
 06 NOV 14 PM 12:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business <u>1900 VAN BUREN ST.</u> Suite, Apt. #, etc.		3. Mailing Address <u>1900 VAN BUREN ST</u> Suite, Apt. #, etc.	
City & State <u>Hollywood FL</u>		City & State <u>Hollywood FL</u>	
Zip <u>33020</u>	Country <u>Broward</u>	Zip <u>33020</u>	Country <u>Broward</u>

4. FEI Number <u>20-1635712</u>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name SILVIA MORALES
 Street Address (P.O. Box Number is Not Acceptable)
1900 VAN BUREN STREET
 City Hollywood FL Zip Code 33020

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] DATE 6-12-06
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT MITCH ANTON 1900 VAN BUREN ST. #108 HOLLYWOOD, FL 33020</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>400081789864 11/15/06--01015--019 **61.25</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V.P. ESTER TEMPIM 1919 VAN BUREN ST. #401 HOLLYWOOD, FL 33020</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V.P.#2 C.J. MCCARTNEY 1521 ALTON RD #334 MIAMI BEACH, FL 33139</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer SAMIC BURGBOER 1919 VAN BUREN ST. #308 HOLLYWOOD, FL 33020</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary TANIA DELONG 1909 SHERMAN STREET HOLLYWOOD, FL 33020</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Director DR. CHARLES PAPPAS 1919 VAN BUREN ST. #814 HOLLYWOOD, FL 33020</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowerments.

SIGNATURE: [Signature] DATE 6/27/06 770-5374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)

205
770-5374
11/14