

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000128 (9)

1. Corporation Name

REGENCY COVE ASSOCIATION, INC.



Principal Place of Business 1690 SOUTH CONGRESS AVENUE DELRAY BEACH FL 33445	Mailing Address 1690 SOUTH CONGRESS AVENUE DELRAY BEACH FL 33445
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3. Date Incorporated or Qualified 01/12/1993	
4. FEI Number 65-0388460	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent D'ADDARIO, MERLE 1690 SOUTH CONGRESS AVE. DELRAY BEACH FL 33445	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME D'ADDARIO, MERLE	
STREET ADDRESS 1690 SOUTH CONGRESS AVE.	
CITY-ST-ZIP DELRAY BEACH FL 33445	
TITLE VD	<input type="checkbox"/> DELETE
NAME LEVY, JOANNE	
STREET ADDRESS 1690 SOUTH CONGRESS AVE.	
CITY-ST-ZIP DELRAY BEACH FL 33445	
TITLE ST	<input checked="" type="checkbox"/> DELETE
NAME COULSON, SABRINA	
STREET ADDRESS 1690 SOUTH CONGRESS AVE.	
CITY-ST-ZIP DELRAY BEACH FL	
TITLE AST	<input checked="" type="checkbox"/> DELETE
NAME NUNEZ, ANTONIO	
STREET ADDRESS 1690 SOUTH CONGRESS AVE.	
CITY-ST-ZIP DELRAY BEACH FL 33445	
TITLE AS	<input type="checkbox"/> DELETE
NAME LEVY, RICHARD D	
STREET ADDRESS 1690 SOUTH CONGRESS AVE.	
CITY-ST-ZIP DELRAY BEACH FL 33445	
TITLE D	<input type="checkbox"/> DELETE
NAME RUSKIN, JERRY	
STREET ADDRESS 1690 S CONGRESS AVE	
CITY-ST-ZIP DELRAY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VDST
2.3 STREET ADDRESS	LEVY, JOANN
2.4 CITY-ST-ZIP	SAME
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AT
4.3 STREET ADDRESS	PIVINSKI, JOSEPH
4.4 CITY-ST-ZIP	1690 SOUTH CONGRESS AVENUE SUITE #200 DELRAY BEACH, FL 33445
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	500002489330
5.3 STREET ADDRESS	-04/24/98--01037--030
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ JOANN LEVY, VDST 04/06/98 (561)274-2000

CR2E037 (10/97)