

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

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90224 022 \*\*\*\*61.25

**DOCUMENT #** *N93000000128*

**1. Entity Name**  
REGENCY COVE ASSOCIATION, INC.

**DO NOT WRITE IN THIS SPACE**

**50052283**

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> c/o CASTLE GROUP Suite, Apt #, etc. 5850 W. ATLANTIC AVE., STE 106 City & State DELRAY BEACH, FL		<b>3. Mailing Address</b> c/o CASTLE GROUP Suite, Apt. #, etc. 5850 W. ATLANTIC AVE., STE 106 City & State DELRAY BEACH, FL		<b>4. FEI Number</b> 65-0388460	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 33400	<b>Country</b> PALM BEACH	<b>Zip</b> 33400	<b>Country</b> PALM BEACH	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
LARRY E. SCHNER, P. A.

**Street Address (P.O. Box Number is Not Acceptable)**  
750 S. DIXIE HIGHWAY

**City** BOCA RATON **FL** **Zip Code** 33432

**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)

*May 5, 2005*  
DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

**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.	
<b>TITLE</b> NAME	<b>P/D</b> MARTIN KAYE	<b>TITLE</b> NAME	
<b>STREET ADDRESS</b>	12562 CORAL LAKES DRIVE	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	BOYNTON BEACH, FL 33437	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME	<b>V/D</b> PAUL BLACKSIN	<b>TITLE</b> NAME	
<b>STREET ADDRESS</b>	12856 CORAL LAKES DRIVE	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	BOYNTON BEACH, FL 33437	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME	<b>V/D</b> DICK LEVIN	<b>TITLE</b> NAME	
<b>STREET ADDRESS</b>	6372 TIARA DRIVE	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	BOYNTON BEACH, FL 33437	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME	<b>T/D</b> PHILIP WERBLE	<b>TITLE</b> NAME	
<b>STREET ADDRESS</b>	12643 CORAL LAKES DRIVE	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	BOYNTON BEACH, FL 33437	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME	<b>D</b> STEVE MEISEL	<b>TITLE</b> NAME	
<b>STREET ADDRESS</b>	6391 PEBBLE CREEK WAY	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	BOYNTON BEACH, FL 33437	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> NAME	<b>D</b> HARVEY ALPERT	<b>TITLE</b> NAME	
<b>STREET ADDRESS</b>	12928 CORAL LAKES DRIVE	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	BOYNTON BEACH, FL 33437	<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
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 on an attachment with all other like empowered.**

**SIGNATURE:** *Martin Kaye* **MARTIN KAYE, PRES.**

**4/29/2005**

**(561) 638-1181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

50052283

# N930000000/28

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

Block 10 (continuation)

TITLE: D  
NAME: HAL MOSS  
STREET ADDRESS: 12857 CORAL LAKES DRIVE  
CITY-ST-ZIP: BOYNTON BEACH, FL 33437

TITLE: S  
NAME: GENE SINGER  
STREET ADDRESS: 12792 CORAL LAKES DRIVE  
CITY-ST-ZIP: BOYNTON BEACH, FL 33437