

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001317 (6)**

1. Corporation Name

REGAL SHORES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **1690 SOUTH CONGRESS AVENUE DELRAY BEACH FL 33445**
Mailing Address: **1690 SOUTH CONGRESS AVENUE DELRAY BEACH FL 33445**

3. Date Incorporated or Qualified: **03/11/1994**
3a. Date of Last Report: **03/30/1995**

2. Principal Place of Business (21-24) and Mailing Address (2a-26) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **65-0509504**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**D'ADDARIO, MERLE
1690 SOUTH CONGRESS AVENUE
DELRAY BEACH FL 33445**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1 1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, JOANN	1 2 NAME	
STREET ADDRESS	1690 SOUTH CONGRESS AVENUE	1 3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL 33445	1 4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2 1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ELLIOT	2 2 NAME	
STREET ADDRESS	1690 SOUTH CONGRESS AVENUE	2 3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL 33445	2 4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3 1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ADDARIO, MERLE	3 2 NAME	
STREET ADDRESS	1690 SOUTH CONGRESS AVENUE	3 3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL 33445	3 4 CITY - ST - ZIP	
TITLE	AST <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNEZ, ANTONIO	4 2 NAME	
STREET ADDRESS	1690 S CONGRESS AVE	4 3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	4 4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, RICHARD D	5 2 NAME	
STREET ADDRESS	1690 S CONGRESS AVE	5 3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	5 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Elliot A. Davis* **ELLIOT A. DAVIS** **2/6/96** **407-274-2000**
SECRETARY/TREASURER Date Daytime Phone #

CR2E037 (12/95)