

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

1690 SOUTH CONGRESS AVENUE
DELRAY BEACH FL 334451690 SOUTH CONGRESS AVENUE
DELRAY BEACH FL 33445-63853. Date Incorporated or Qualified
03/11/19943a. Date of Last Report
02/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0509504

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐Yes ☒ No

9. Name and Address of Current Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETENAME
LEVY, JOANN
STREET ADDRESS
1690 SOUTH CONGRESS AVENUE
CITY-ST-ZIP
DELRAY BEACH FL1.1 TITLE ☐ Change ☐ Addition1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE ☒ DELETENAME
D'ADDARIO, MERLE
STREET ADDRESS
1690 SOUTH CONGRESS AVENUE
CITY-ST-ZIP
DELRAY BEACH FL2.1 TITLE ☒ Change ☐ Addition2.2 NAME
Sabrina Coulson
2.3 STREET ADDRESS
1690 S. Congress Avenue
2.4 CITY-ST-ZIP
Delray Beach, FL. 33445TITLE ☐ DELETENAME
D'ADDARIO, MERLE
STREET ADDRESS
1690 SOUTH CONGRESS AVENUE
CITY-ST-ZIP
DELRAY BEACH FL☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE ☐ DELETENAME
NUNEZ, ANTONIO
STREET ADDRESS
1690 S CONGRESS AVE
CITY-ST-ZIP
DELRAY BEACH FL☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETENAME
LEVY, RICHARD D
STREET ADDRESS
1690 S CONGRESS AVE
CITY-ST-ZIP
DELRAY BEACH FL☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETENAME
LEVY, RICHARD D
STREET ADDRESS
1690 S CONGRESS AVE
CITY-ST-ZIP
DELRAY BEACH FL☐ Change ☒ Addition6.1 TITLE
6.2 NAME
Arline Klinger
6.3 STREET ADDRESS
5914 Regal Glen Dr. Apt. 106
6.4 CITY-ST-ZIP
Boynton Beach, FL. 33437

14. I do 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:

SIGNATURE REQUIRED

Jo Ann Levy

4/25/97

561-274-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043267

CR2E037 (9/96)