

FILE NOW: FILING FEE IS \$61.25

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**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

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
4. FEI Number: 65-0509504
Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields for Suite, City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 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 (81-85)
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VD NAME: LEVY, JOANN STREET ADDRESS: 1690 SOUTH CONGRESS AVENUE CITY-ST-ZIP: DELRAY BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE: VDST 1.2 NAME: LEVY, JOANN 1.3 STREET ADDRESS: SAME 1.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: COULSON, SABRINA STREET ADDRESS: 1690 S. CONGRESS AVE. CITY-ST-ZIP: DELRAY BEACH FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: D'ADDARIO, MERLE STREET ADDRESS: 1690 SOUTH CONGRESS AVENUE CITY-ST-ZIP: DELRAY BEACH FL	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AST NAME: NUNEZ, ANTONIO STREET ADDRESS: 1690 S CONGRESS AVE CITY-ST-ZIP: DELRAY BEACH FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: AT 4.2 NAME: PIVINSKI, JOSEPH 4.3 STREET ADDRESS: 1690 SOUTH CONGRESS AVENUE SUITE #200 4.4 CITY-ST-ZIP: DELRAY BEACH, FL 33445	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: AS NAME: LEVY, RICHARD D STREET ADDRESS: 1690 S CONGRESS AVE CITY-ST-ZIP: DELRAY BEACH FL	<input type="checkbox"/> DELETE	5.1 TITLE: 000002499334 5.2 NAME: -04/24/98--01037--025 5.3 STREET ADDRESS: ***61.25 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: KLINGER, ARLINE STREET ADDRESS: 5914 REGAL GLEN DR., APT. 106 CITY-ST-ZIP: BOYNTON BEACH FL	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition PE 4.23

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: _____ DATE: 04/06/98 (561) 274 2000

CR2E037 (10/97)