

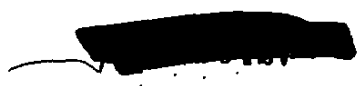
FILED
Jun 21, 2001 8:00 am
Secretary of State

05-25-2001 90294 024 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N 94000001317** (LP)
 1. Entity Name
Regal Shores CONDOMINIUM ASSOCIATION INC

Principal Place of Business Mailing Address
PRIME MANAGEMENT GROUP **PRIME MANAGEMENT GROUP**
6300 PRK of Commerce Blvd **6300 PRK of Commerce Blvd**
BOCA RATON FL 33487 **BOCA RATON FL 33487**



8305

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0509504** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SWATI, MYRON
PRIME MANAGEMENT GROUP
6300 PRK of Commerce Blvd
BOCA RATON FL 33487

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.
 SIGNATURE *Myron Swati*
Signature, typed or printed name of registered agent and bios if applicable. (NOT E Registered Agent signature required when reinstating) DATE

FILE NOW
 FEE IS \$81.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRES	<input type="checkbox"/> Delete
NAME	HY GALLAWAY	
STREET ADDRESS	5842 CRYSTAL SHORES DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOL HARRIS	
STREET ADDRESS	5842 CRYSTAL SHORES DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEN IRWIN	
STREET ADDRESS	5810 CRYSTAL SHORES DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAROLD ALEXANDER	
STREET ADDRESS	5746 CRYSTAL SHORES DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	DON ROSENBERG	
STREET ADDRESS	5906 CRYSTAL SHORES DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	IRVING ALLEN	
STREET ADDRESS	5951 REGAL GLEN DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 is required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hy Gallaway*