

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90723 005 \*\*\*\*61.25

**DOCUMENT # N94000001317**

1. Entity Name  
REGAL SHORES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
PRIME MANAGEMENT GROUP  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487

Mailing Address  
PRIME MANAGEMENT GROUP  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487

34037140



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

65-0509504

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SWATT, MYRON  
PRIME MANAGEMENT GROUP  
6300 PARK 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. 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)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

TITLE PD ☐ Delete  
NAME GURKIN, MARTY  
STREET ADDRESS 5938 CRYSTAL SHORES DR #203  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE TD ☒ Delete  
NAME WORTMAN, MAXWELL J  
STREET ADDRESS 5938 CRYSTAL SHORES DR #206  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE D ☒ Delete  
NAME IRWIN, KEN  
STREET ADDRESS 5746 CRYSTAL SHORES DR  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE SD ☐ Delete  
NAME MARKLEY, MARION  
STREET ADDRESS 5810 CRYSTAL SHORES DR #403  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE VPD ☐ Delete  
NAME POLANSKY, BURT  
STREET ADDRESS 5874 CRYSTAL SHORES DR  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE D ☒ Delete  
NAME ROXENBERG, DON  
STREET ADDRESS 5906 CRYSTAL SHORES DR  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
NAME Sarah Zucker  
STREET ADDRESS 5810 Crystal Shores Dr # 402  
CITY-ST-ZIP Boynton Beach FL 33437

TITLE D ☐ Change ☒ Addition  
NAME Jack Weissman  
STREET ADDRESS 5914 Regal Glen Dr # 108  
CITY-ST-ZIP Boynton Beach, FL 33437

TITLE D ☐ Change ☒ Addition  
NAME Irwin Becker  
STREET ADDRESS 5746 Crystal Shores Dr # 404  
CITY-ST-ZIP Boynton Beach, FL 33437

TITLE D ☐ Change ☒ Addition  
NAME Helen Shield  
STREET ADDRESS 5746 Crystal Shores Dr # 203  
CITY-ST-ZIP Boynton Beach FL 33437

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 as 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #