

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90209 050 ****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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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: <i>Louis Caplan To Sachs, Sax, Klein</i> Street Address (P.O. Box Number is Not Acceptable): <i>301 Yamato Road ste. 4150</i> City: <i>Boca Raton FL</i> Zip Code: <i>33431</i>			
3. 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: <i>[Signature]</i>		DATE: <i>4/20/05</i>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: GURKIN, MARTY STREET ADDRESS: 5938 CRYSTAL SHORES DR #203 CITY-ST-ZIP: BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: WEISSMAN, JACK STREET ADDRESS: 5914 REGAL GLEN DR #108 CITY-ST-ZIP: BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ZUCKER, SARAH STREET ADDRESS: 5810 CRYSTAL SHROES DR. #402 CITY-ST-ZIP: BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: SHIELD-FOX HELEN STREET ADDRESS: 5746 CRYSTAL SHORES DR #203 CITY-ST-ZIP: BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: WEISSMAN, JACK STREET ADDRESS: 5914 REGAL GLEN DR., #108 CITY-ST-ZIP: BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	TITLE: SD NAME: ZUCKER SARAH H. STREET ADDRESS: 5810 CRYSTAL SHORES DR #402 CITY-ST-ZIP: BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: MARKLEY, MARION STREET ADDRESS: 5810 CRYSTAL SHORES DR #403 CITY-ST-ZIP: BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	TITLE: VPD NAME: GROSSDORF, IRWIN STREET ADDRESS: 5874 CRYSTAL SHORES DR CITY-ST-ZIP: BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: POLANSKY, BURT STREET ADDRESS: 5874 CRYSTAL SHORES DR CITY-ST-ZIP: BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: ROXENBERG, DON STREET ADDRESS: 5906 CRYSTAL SHORES DR CITY-ST-ZIP: BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input type="checkbox"/> Addition

03292005 Chg-NP CR2E037 (10/03)

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

5. Certificate of Status Desired \$8.75 Additional Fee Required



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]* DATE: *4-14-05*