

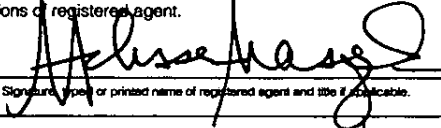
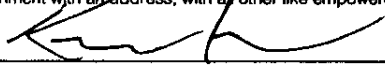


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90219 004 ****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 CORAL LAKES CLUBHSE CAS@CORAL LAKES		3. Mailing Address CAS@CORAL LAKES			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 12751 EL CLAIRE RANCH RD			
City & State		City & State BOYNTON BEACH, FL		4. FEI Number 65-0509504	
Zip 33437		Country P.B.C.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOUIS CAPLAN % SACHS, SAX, KLEIN 301 YAMATO ROAD STE. 4150 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Melissa Masquelier Street Address (P.O. Box Number is Not Acceptable) 12751 EL CLAIRE RANCH RD. City BOYNTON BEACH FL Zip Code 33437		
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 		CAS.		DATE 4/21/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME WOISSMAN, JACK	<input checked="" type="checkbox"/> Delete	TITLE KEN IRWIN - PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 5914 REGAL GLEN DR #108	CITY-ST-ZIP BOYNTON BEACH, FL 33437		STREET ADDRESS 5810 CRYSTAL SHORES DR. APT 103	CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE TD	NAME SHIELD-FOX, HELEN	<input type="checkbox"/> Delete	TITLE MARTY GURKIN. 2nd	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5746 CRYSTAL SHORES DR #203	CITY-ST-ZIP BOYNTON BEACH, FL 33437		STREET ADDRESS 5938 CRYSTAL SHORES DR. APT. 203	CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE SD	NAME ZUCKER, SARAH H	<input type="checkbox"/> Delete	TITLE JOSEPH MABO VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 5810 CRYSTAL SHORES DR. #402	CITY-ST-ZIP BOYNTON BEACH, FL 33437		STREET ADDRESS 5842 CRYSTAL SHORES DR. APT 305	CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE VPD	NAME GROSSDORF, IRWIN	<input type="checkbox"/> Delete	TITLE IRWIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5874 CRYSTAL SHORES DR	CITY-ST-ZIP BOYNTON BEACH, FL 33437		STREET ADDRESS GROSSDORF. EXECUTIVE-V.P	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE BURT POLANSKY - VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS 5874 CRYSTAL SHORES DR. APT. 208	CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Kenneth Irwin		DATE 4/21/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	