


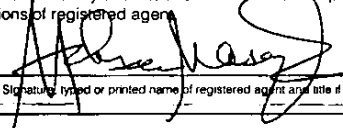
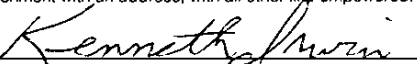
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90142 001 *****6.72
 04-11-2007 90142 002 *****54.53

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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 CAS @ CORAL LAKES 12751 EL CLAIRE RANCH RD BOYNTON BEACH, FL 33437		2. Principal Place of Business - No P.O. Box # C.A.S @ CORAL LAKES	
3. Mailing Address Suite, Apt. #, etc. 12751 EL CLAIRE RANCH RD.		City & State BOYNTON BEACH, FL	
4. FEI Number 65-0509504		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MASQUELIER, MELISSA C/O CAS @ CORAL LAKES 12751 EL CLAIRE RANCH RD BOYNTON BEACH, FL 33437		7. Name and Address of New Registered Agent	
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  ADMINISTRATIVE ASSISTANT 3/26/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P IRWIN, KEN 5810 CRYSTAL SHORES DR APT 103 BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHIELD-FOX, HELEN 5746 CRYSTAL SHORES DR #203 BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZUCKER, SARAH H 5810 CRYSTAL SHORES DR. #402 BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD 2ND GROSSDORF, IRWIN 5874 CRYSTAL SHORES DR BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAGO, JOSEPH 5842 CRYSTAL SHORES DR APT 305 BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIRECTOR POLANSKY, BURT 5874 CRYSTAL SHORES DR APT 208 BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	TITLE NAME 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 Pres.		Date 4/4/07 Daytime Phone # 561-638-8449	