

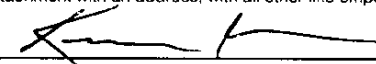


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90033 001 *****54.53
 02-13-2008 90033 002 *****6.72

DOCUMENT # N94000001317			
1. Entity Name REGAL SHORES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business CAS @ CORAL LAKES 12751 EL CLAIR RANCH RD BOYNTON BEACH, FL 33463		Mailing Address CAS @ CORAL LAKES 12751 EL CLAIRE RANCH RD BOYNTON BEACH, FL 33437	
2. Principal Place of Business - No P.O. Box # CAMPBELL PROP. MANAGEMENT @ Coral Lakes Suite, Apt. #, etc. 12751 EL CLAIR RANCH RD.		3. Mailing Address SAME.	
City & State BOYNTON BEACH, FL		City & State	
Zip 33437	Country USA	Zip	Country
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 Name: KEN IRWIN Street Address (P.O. Box Number is not acceptable) 5810 # 103 Crystal Shores Dr 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: 		DATE: 2/6/08	
Filing Fee is \$61.25 Due by May 1, 2008		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: P NAME: IRWIN, KEN STREET ADDRESS: 5810 CRYSTAL SHORES DR APT 103 CITY-ST-ZIP: BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: SHIELD-FOX, HELEN STREET ADDRESS: 5746 CRYSTAL SHORES DR #203 CITY-ST-ZIP: BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: ZUCKER, SARAH H STREET ADDRESS: 5810 CRYSTAL SHORES DR. #402 CITY-ST-ZIP: BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NVD NAME: GROSSDORF, IRWIN STREET ADDRESS: 5874 CRYSTAL SHORES DR CITY-ST-ZIP: BOYNTON BEACH, FL 33437	2nd V.P. <input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: 1V NAME: GURKIN, MARTY STREET ADDRESS: 5938 CRYSTAL SHORES DR. #203 CITY-ST-ZIP: BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: POLANSKY, BURT STREET ADDRESS: 5874 CRYSTAL SHORES DR APT 208 CITY-ST-ZIP: BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: 2/6/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: (571) 638-8449	