

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 03, 2001 08:00 AM****Secretary of State****DOCUMENT # N95000005232****1. Entity Name**THE MANORS OF REGAL LAKE CONDOMINIUM ASSOCIATION, 1994
INC.**Principal Place of Business**5300 N POWERLINE ROAD
SUITE 207
FORT LAUDERDALE
33309

FL

Mailing Address5300 N POWERLINE ROAD
SUITE 207
FORT LAUDERDALE
33309

FL

2. Principal Place of Business**3. Mailing Address**

6515 GRAND TETON PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 300

City & State

City & State

MADISON

WI

Zip

Country

Zip

Country

53719

4. FEI Number**65-0623483**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**

STROSS HOWARD C

33920 US 19 NORTH

SUITE 351

PALM HARBOR

FL

34684

US

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.

SIGNATURE **HOWARD C STROSS****04/03/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:**FEE IS \$61.25****9. Election Campaign Financing**

Trust Fund Contribution.

☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MELLO GERARD		NAME		
STREET ADDRESS	6515 GRAND TETON PLAZA #210		STREET ADDRESS		
CITY-ST-ZIP	MADISON WI 53719		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FALCO ANITA		NAME	MELLO GERARD	
STREET ADDRESS	5300 N POWERLINE ROAD #207		STREET ADDRESS	6515 GRAND TETON PLAZA, #300	
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		CITY-ST-ZIP	MADISON WI 53719	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLESKO EJ		NAME	PLESKO EJ	
STREET ADDRESS	6515 GRAND TETON PLAZA #210		STREET ADDRESS	6515 GRAND TETON PLAZA #300	
CITY-ST-ZIP	MADISON WI 53719		CITY-ST-ZIP	MADISON WI 53719	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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: E.J. PLESKO

PD

04/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)