


FILED
May 22, 2007 8:00 am
Secretary of State

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

4/

04-25-2007 90200 005 ****61.25

| | | | |
|--|--|---|--|
| DOCUMENT # N95000005232 1. Entity Name THE MANORS OF REGAL LAKE CONDOMINIUM ASSOCIATION, 1994 INC. | |  | |
| Principal Place of Business C/O PELICAN BAY PROP SUITE H BOX 770326 NAPLES, FL 34107 US | | Mailing Address 1250 NINTH STREET NORTH SUITE 211 NAPLES, FL 34102 US | |
| 2. Principal Place of Business - No P.O. Box # 187 FOREST LAKES BLVD. | | 3. Mailing Address 187 FOREST LAKES BLVD. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State NAPLES, FL | | City & State NAPLES, FL | |
| Zip 34105 | | Zip 34105 | |
| Country USA | | Country USA | |
| 4. FEI Number 65-0623483 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PELICAN BAY PROPERTY MANAGEMENT 10823 TAMiami TRAIL NORTH SUITE H NAPLES, FL 34108 | | 7. Name and Address of New Registered Agent Name ROBERT GRACEY Street Address (P.O. Box Number is Not Acceptable) 187 FOREST LAKES BLVD. City NAPLES | |
| State FL | | Zip Code 34105 | |
| 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 <u>Robert S. Gracey</u> <small>Signature, typed or printed name of registered agent and title if applicable (Not for Registered Agent signature required when reinstating)</small> | | DATE <u>4/14/07</u> | |
| 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 | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | S BERGT, DENNIS 1064 MANOR LAKE DR. # 101-B NAPLES, FL 34110 | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | P DEVITO, JOSEPH 1032 MANOR LAKE DRIVE SUITE D202 NAPLES, FL 34110 | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VT HILLMAN, MARY 1016 MANOR LAKE DRIVE SUITE E103 NAPLES, FL 34110 | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D CLEGG, GENEVA 1064 MANOR LAKE DRIVE SUITE B105 NAPLES, FL 34110 | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D HEVEN, GERLAD 1064 MANOR LAKE DRIVE SUITE G102 NAPLES, FL 34110 | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | DVP BAGGETT, CAY 1112 MANOR LAKES DR H204 NAPLES, FL 34110 | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D RISPOLI, JAMES 1127 MANOR LAKE DR G104 NAPLES, FL 34110 | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | HEYEN, GERAN | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | T MAOER ROBERT 1112 MANOR LAKE DR H104 NAPLES, FL 34110 | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input checked="" 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: <u>Robert S. Gracey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | DATE <u>5-16-07</u> <small>Date Daytime Phone</small> | |