## **2004 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT (AR)** DOCUMENT # N99000001928 1. Entity Name FAIRMONT AT REGENCY LAKES HOMEOWNERS' ASSOCIATION, INC.

## **FILED** Apr 09, 2004 8:00 am Secretary of State

04-09-2004 90034 022 \*\*\*\*61.25

ASSOCIA	HON, INC.			COO W.F	T. T. T.					
Principal Place	e of Business	Mailing Address		·· ,						
1215 E HILL	BELL PROPERTY MANAGEMENT SBORO BLVD BEACH FL 33441	C/O CAMPBELL PROPERTY MANAGEMENT 1215 E HILLSBORO BLVD DEERFIELD BEACH FL 33441			IENT	9404040				
2. Principal P	lace of Business	3. Mailing Addres	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				MOORE CR2E037 (11/03)				
City & State	9	City & State	·			4. FEI Number	65-0920385		<b>⊢</b>	plied For t Applicable
Zip	Country	Zip	Co	Country 5. Certificate of Status Desired				\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent				7. Name and Add	dress of New Regis	stered Ac	ent	
•				Name	-					
SACHS, SAX & KLEIN, P.A. NORTHERN TRUSS PLAZA STE 4150					Street Address (P.O. Box Number is Not Acceptable)					
301 YAMATO ROAD BOCA RATON FL 33431									Zip Code	,
				City				FL	2,6	
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
meneral and sooners		NORMAN TERM					The Charles Control of the	entrativa rated vis	o and a single	ALD SOME PROSPECT
- 1	FILE NOW: FEE IS \$61.25 Due By May 1, 2004	PN 23 PE 1 - 198 C. 1	tion Campaign t Fund Contribu	_		\$5.00 May Be Added to Fees			Payable nent of S	
10.	OFFICERS AND DI	RECTORS	11	•	A	DDITIONS/CHANG	ES TO OFFICERS	AND DIRE	CTORS IN	10
TITLE	DP	☐ Deli	ete TIT	LE	DT.				Change	☐ Addition
NAME	WALTERS, DONALD		NA.	ME {	WAL	TERS, DONA	4 C D BUENNE		•	ļ
STREET ADDRESS	6424 EGRET AVE.		ST	REET ADDRESS	643	14 EGRET I CONUT GREE	TUEHUU K El 2307.	3		
CITY-ST-ZIP	COCONUT CREEK FL 33073		CIT	Y-ST-ZIP	Ce C	CONOI CHEE	5 7 2 / 33 2 / 4	_		
THLE	DV	X Del	ete TH	LE	DV				Change	💢 Addition
NAME	STONE, ROSS K	•	NA.	ME (	HOL	LANDER, R	BERT			
STREET ADDRESS	4924 EGRET CT		ST	REET ADDRESS	49	78 EGRET	-V Cl 22	002	4	ļ
CITY-ST-ZIP	COCONUT CREEK FL 33073		cn	Y-ST-ZIP	coc	LONUT CRE	EF, FL. 330	075		~
TITLE	DST	Del	ete Tii	LE T	pP	_ /		·	<b>X</b> Change	☐ Addition
NAME	SAVINO, PETER		NA	ME	SAV	IINO, PETE	FR Dinas		• •	
• STREET ADDRESS	4920 EGRET PLACE		ST	REET ADDRESS				22		
- CITY - ST- ZIP	COCONUT CREEK FL 33073		cn	FY-ST-ZIP	CoC	NUT CREE	.K, /-L 550			
TITLE		☐ Del	ete TIT	LE					Change	☐ Addition
NAME			NA	ME						
STREET ADDRESS			ST	REET ADDRESS						
CITY-ST-ZIP			Cil	Y-ST-ZIP						
TITLE		☐ Del	ete TII	TLE }					Change	☐ Addition
Name			, - NA	ME ·						ĺ
STREET ADDRESS	١, ٩			REET ADDRESS		ية. ما أحدث بياس	The second secon			
CITY-ST-ZIP	<u> </u>	<u> </u>	, cr	TY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	<u>.</u>	<u> </u>	
TITLE	• 4	☐ De	/a	TLE .					☐ Change	☐ Addition
NAME		/	/ N	IME						
STREET ADDRESS		///		REET ADDRESS			, .	. •		_
CITY-ST-ZIP		///	Cr	TY-ST-ZIP						
12. I hereby	certify that the information supplied with	n this filing desmot d	ualify for the ex	emption stat	ted in Se	ction 119.07(3)(i), F	lorida Statutes. I fur	rther certi	y that the ir	nformation

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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-755-9880