FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N17459** **(1)**

1. Corporation Name

REGENT PARK MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2272 AIRPORT RD. S. STE. 309 NAPLES FL 33962	2272 AIRPORT RD. S. STE. 309 NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1986
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2756989 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 4600 Enterprise Ave.	26 4600 Enterprise ave.
Suite, Apt. #, etc. 22 Suite A	Suite, Apt. #, etc. 27 Suite A
City & State 23 Naples, FL	City & State 28 Naples, FL
Zip 24 33942 Country 25 USA	Zip 29 33942 Country 30 USA

9. Name and Address of Current Registered Agent

WRIGHT, RUSSELL
2272 AIRPORT RD. SOUTH
NAPLES FL 33962

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH BILL 10734 HENRY CT. NAPLES FL 33942	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VOEGLEY, ARTHUR 10391 REGENT CIR. NAPLES FL 33942	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARADIS, JAMES 10681 REGENT CIR. NAPLES FL 33942	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☑ Change ☐ Addition T Mario Gisonni 10770 Regent Circle Naples, FL 33942
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BACH, JOHN, 10135 SAILFISH LANE NAPLES FL 33942	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☑ Change ☐ Addition D James Simon 10760 Regent Circle Naples, FL 33942
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINDSAY, KATHA, 10740 HENRY CT. NAPLES FL 33942	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHMIDT, MICO, 10148 REGENT CIR. NAPLES FL 33942	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☑ Change ☐ Addition D Kevin McGowen 10580 Regent Circle Naples, FL 33942

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **Russell J. Wright** 4-7-95 793-4044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, OR AGENT **Bayview Property Management Corp.** Date Daytime Phone #

0017470