

FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29125** (4)

1. Corporation Name

**REGENT PARK VILLAS II ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**10770 QUEEN ANNE LANE  
NAPLES FL 33942  
US**

**1000 GULF SHORE DRIVE  
NAPLES FL 34108  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**11/04/1988**

4. FEI Number

**65-0095109**

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

~~ROBBING, GRANT~~  
~~1000 GULF SHORE DR~~  
~~NAPLES FL 34108~~

81 Name **Beverly Kuetel**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**c/o Sunburst Mgmt. Corp.**  
83 **2079 J & C Blvd.**  
84 City **NAPLES FL** 85 Zip Code **34109**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Beverly Kuetel* **Beverly Kuetel**

**3/10/98**

12. OFFICERS AND DIRECTORS

TITLE **DS** ☐ DELETE  
NAME **GOLD, GERIE**  
STREET ADDRESS **10906 REGENT CIRCLE**  
CITY-ST-ZIP **NAPLES FL**

TITLE **DVP** ☐ DELETE  
NAME **BUTTONS, RICHARD**  
STREET ADDRESS **3386 ERICK LANE DRIVE**  
CITY-ST-ZIP **NAPLES FL**

TITLE **T** ☐ DELETE  
NAME **CASTELVECCHI, SOPHIE**  
STREET ADDRESS **10770 QUEEN ANNE LANE**  
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE  
NAME **BARTLEY, JEAN**  
STREET ADDRESS **10810 QUEEN ANNE LANE**  
CITY-ST-ZIP **NAPLES FL**

TITLE **DP** ☒ DELETE  
NAME **TEEGARDEN, RICHARD**  
STREET ADDRESS **10762 QUEEN ANNE LANE**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **D, P** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **JEAN BARTLEY** ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **D, T** ☐ Change ☒ Addition  
5.2 NAME **PAULINE BOWEN**  
5.3 STREET ADDRESS **3364 ERICK LAKE DR.**  
5.4 CITY-ST-ZIP **NAPLES, FL.**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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: *Sophie Castelvechi* **Sophie Castelvechi**

**3/10/98** **(941) 598-4228**

CR2E037 (1097)