

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90060 026 \*\*\*\*\*61.25

0005440

**DOCUMENT # N17459**

1. Entity Name

**REGENT PARK MASTER ASSOCIATION, INC.**

Principal Place of Business

4600 ENTERPRISE AVE.  
STE A  
NAPLES FL 33942  
US

Mailing Address

4600 ENTERPRISE AVE  
STE A  
NAPLES FL 33942  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2756989**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WRIGHT, RUSSELL**  
**4600 ENTERPRISE AVE STE A**  
**NAPLES FL 33962**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **PD** ☐ Delete  
NAME **BROOKINS, BILL**  
STREET ADDRESS **10141 SAILFISH LANE**  
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **SD** ☒ Delete  
NAME **WEBER, MOLLY**  
STREET ADDRESS **10491 REGENT CIR**  
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **VPD** ☐ Delete  
NAME **BRENNAN, MARK**  
STREET ADDRESS **10180 REGENT CIR**  
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **D** ☒ Delete  
NAME **SCHMIDT, MICO**  
STREET ADDRESS **3305 ERICK LAKE DR**  
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **D** ☒ Delete  
NAME **MAYER, BILL**  
STREET ADDRESS **10792 REGENT CIR**  
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **ok PD** ☐ Delete  
NAME **MCGOWAN, KEVIN**  
STREET ADDRESS **10580 REGENT CR**  
CITY-ST-ZIP **NAPLES FL 34109**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Vice President** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Sandy Simmons**  
STREET ADDRESS **10491 Regent Cr.**  
CITY-ST-ZIP **Naples, FL 34109**

TITLE **Treasurer** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Officer at Large** ☐ Change ☒ Addition  
NAME **Gerri Parsons**  
STREET ADDRESS **10148 Regent Cr.**  
CITY-ST-ZIP **Naples, FL 34109**

TITLE **Officer at Large** ☐ Change ☒ Addition  
NAME **Dick Nathanson**  
STREET ADDRESS **3303 Erick Lake Dr.**  
CITY-ST-ZIP **Naples, FL 34109**

TITLE **Officer at Large** ☐ Change ☒ Addition  
NAME **Don O'Neill**  
STREET ADDRESS **10809 King George Lane**  
CITY-ST-ZIP **Naples, FL 34109**

12. 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 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:

**SIGNATURE REQUIRED**

**Mark Brennan 4-03-01 434-0100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)