

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90224 037 ****61.25

DOCUMENT # N26058

1. Entity Name
REGENT'S SQUARE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
C/O HAWK-EYE MANAGAMENET, INC.
3901 NORTH FEDERAL HWY.
BOCA RATON, FL 33431 US

Mailing Address
C/O HAWK-EYE MANAGAMENET, INC.
3901 NORTH FEDERAL HWY.
BOCA RATON, FL 33431 US

60033488



2. Principal Place of Business

SEACREST SERVICES, INC.
2400 CENTRE PARK W. DRIVE
#175
WEST PALM BEACH, FL 33409

03232006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
65-0082965

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATTI, PAUL
2901 NORTH FEDERAL HIGHWAY
SUITE 202
BOCA RATON, FL 33431

Name KAREN A. GAGLIANO, Esquire
Street Address (P.O. Box Number is Not Acceptable)
455 NW 17 AVE
SUITE N
City DELRAY BEACH FL Zip Code 33445

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

Filing Fee Is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE T ☐ Delete
NAME FRANWELL, CHARLES
STREET ADDRESS 5748 NW 38TH AVE
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE P ☐ Delete
NAME DROWDS, JEFFEREY
STREET ADDRESS 3835 NW 58 ST
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE S ☐ Delete
NAME MILWER, LINDA
STREET ADDRESS 5653 NW 38 TH AVE
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ED ☒ Change ☐ Addition
NAME FRANKEL, CHARLES
STREET ADDRESS 5798 NW 38TH AVE.
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE TD ☒ Change ☐ Addition
NAME DROWDS, JEFF. ALEY
STREET ADDRESS 3835 NW 58TH ST.
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE PD ☒ Change ☐ Addition
NAME MILLER, LINDA
STREET ADDRESS 5639 NW 38TH TERRACE
CITY-ST-ZIP BOCA RATON, FL 33496

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LINDA E. MILLER

4/20/06 561-988-2225