

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90244 036 ****61.25

DOCUMENT # N 17459

1. Entity Name

Regent Park Master Association Inc.



Principal Place of Business

BAYVIEW PROPERTY MGMT
4600 ENTERPRISE AVE., STE A
NAPLES FL 34104
US

Mailing Address

BAYVIEW PROPERTY MGMT
4600 ENTERPRISE AVE., STE A
NAPLES FL 34104
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

7. Name and Address of New Registered Agent

WRIGHT, RUSSELL J
4600 ENTERPRISE AVENUE
STE A
NAPLES FL 34104

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. 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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☒ Addition
NAME Adam Mackey
STREET ADDRESS 3305 Erick Lake Dr.
CITY-ST-ZIP Naples, FL 34109

TITLE TSD ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Change ☒ Addition
NAME Pauline Bowen
STREET ADDRESS 3304 Erick Lake Dr.
CITY-ST-ZIP Naples, FL 34109

TITLE PD ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Change ☒ Addition
NAME Marie Brookins
STREET ADDRESS 10141 Sailfish Lane
CITY-ST-ZIP Naples, FL 34109

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Change ☒ Addition
NAME Geni Parsons
STREET ADDRESS 10140 Regent Circle
CITY-ST-ZIP Naples, FL 34109

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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:

Adam Mackey Adam Mackey

4-23-03 434-6100

CR2E037 (10/02)