

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90424 021 ****61.25

DOCUMENT # 729147

1. Entity Name

REGENCY HIGHLAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3912 S OCEAN BLVD
 HIGHLAND BCH FL 33487-2330

Mailing Address

3912 S OCEAN BLVD
 HIGHLAND BCH FL 33487-2330

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

59-1694171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HATFIELD, BRUCE J
 3912 S. OCEAN BLVD
 HIGHLAND BEACH FL 33487

7. Name and Address of New Registered Agent

Name: **Becker & Poliakoff, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

500 Australian Ave. S. 9th Floor

City **W.P.B., FL**

FL

Zip **33401**

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

Kenneth S. Director Becker & Poliakoff P.A. 3/28/02

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 **SD** ☒ Delete
 NAME **RAVESON, FERN**
 STREET ADDRESS **3912 S OCEAN BLVD**
 CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE **VP** ☒ Delete
 NAME **STEIN, MAURICE**
 STREET ADDRESS **3912 S OCEAN BLVD #905**
 CITY-ST-ZIP **HIGHLAND BCH FL 33487**

TITLE **D Note NO T** ☐ Delete
 NAME **TRIMLAND, STANLEY**
 STREET ADDRESS **3912 S OCEAN BLVD #1201**
 CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE **VP** ☐ Delete
 NAME **BUONOMO, PETER**
 STREET ADDRESS **3912 S OCEAN BLVD #906**
 CITY-ST-ZIP **HIGHLAND BCH FL 33487**

TITLE **D** ☒ Delete
 NAME **KOFF, CRAIG**
 STREET ADDRESS **3912 S OCEAN BLVD #1409**
 CITY-ST-ZIP **HIGHLAND BCH FL 33487**

TITLE **D** ☐ Delete
 NAME **SHRIBERG, KEN**
 STREET ADDRESS **3908 S OCEAN BLVD #M 344**
 CITY-ST-ZIP **HIGHLAND FL 33487**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☒ Addition
 NAME **Regina Thomas**
 STREET ADDRESS **3912 S. Ocean Blvd. # 909**
 CITY-ST-ZIP **Highland Beach, FL 33487**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Ed Levenson**
 STREET ADDRESS **3912 S. Ocean Blvd. #609**
 CITY-ST-ZIP **Highland Beach, FL 33487**

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

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

TITLE **Director** ☐ Change ☒ Addition
 NAME **Ferne Raveson**
 STREET ADDRESS **3912 S. Ocean Blvd. # 1010**
 CITY-ST-ZIP **Highland Beach, FL 33487**

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: **Peter Buonomo** **PETER BUONOMO** **4/8/02 (561) 274-7611**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)