

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90215 036 \*\*\*\*61.25

**DOCUMENT # 743657**

1. Entity Name

REGENCY HOUSE OF PORT CHARLOTTE - A  
CONDOMINIUM, INC.



Principal Place of Business

CHARLOTTE SQUARE CONDOMINIUMS  
MANAGER'S OFFICE 2296 AARON ST.  
PORT CHARLOTTE FL 33952-5369

Mailing Address

CHARLOTTE SQUARE CONDOMINIUMS  
MANAGER'S OFFICE 2296 AARON ST.  
PORT CHARLOTTE FL 33952-5369

12007J03



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2013468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GURALNICK HOWARD  
2300 AARON STR  
PT CHARLOTTE FL 33952

SECO  
AP

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Howard Guralnick*

Howard Guralnick

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**  
**Due By May 1, 2005**

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 DV  
NAME MCCULLOUGH, CHERYL ☒ Delete  
STREET ADDRESS 2300 AARON ST #112  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE TD  
NAME CHINN, ELBERT A ☐ Delete  
STREET ADDRESS 2300 AARON ST UNIT 110  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE D  
NAME DEVANEY, ANN ☐ Delete  
STREET ADDRESS 2300 AARON ST. #311  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE PD  
NAME GURALNICK, HOWARD ☐ Delete  
STREET ADDRESS 2300 AARON ST. #212  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE SD  
NAME GRAY, BOB ☒ Delete  
STREET ADDRESS 2300 AARON STREET  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE YD ☐ Change ☒ Addition  
NAME Schwarzkopf, Thomas  
STREET ADDRESS 2300 AARON ST #  
CITY-ST-ZIP Port Charlotte FL 33952

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

TITLE SD ☐ Change ☒ Addition  
NAME Specht, Glory  
STREET ADDRESS 2300 AARON ST. #201  
CITY-ST-ZIP Port Charlotte, FL 33952

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:

*Howard Guralnick*

Howard Guralnick

Date

Daytime Phone #