

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90380 005 ****61.25

DOCUMENT # 743657

1. Entity Name
REGENCY HOUSE OF PORT CHARLOTTE - A CONDOMINIUM, INC.



Principal Place of Business
**CHARLOTTE SQUARE CONDOMINIUMS
 MANANGER'S OFFICE 2296 AARON ST.
 PORT CHARLOTTE, FL 33952-5369**

Mailing Address
**CHARLOTTE SQUARE CONDOMINIUMS
 MANANGER'S OFFICE 2296 AARON ST.
 PORT CHARLOTTE, FL 33952-5369**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

02132006 Chg-NP CR2E037 (11/05)

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

**GURALNICR, HOWARD
 2300 AARON STR
 PT CHARLOTTE, FL 33952**

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 _____ (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 | VD | <input type="checkbox"/> Delete |
| NAME | SCHWARZKOPF, THOMAS | |
| STREET ADDRESS | 2300 AARON ST | |
| CITY-ST-ZIP | PORT CHARLOTTE, FL 33952 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | CHINN, ELBERT A | |
| STREET ADDRESS | 2300 AARON ST UNIT 110 | |
| CITY-ST-ZIP | PORT CHARLOTTE, FL 33952 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DEVANEY, ANN | |
| STREET ADDRESS | 2300 AARON ST. #311 | |
| CITY-ST-ZIP | PORT CHARLOTTE, FL 33952 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | GURALNICK, HOWARD | |
| STREET ADDRESS | 2300 AARON ST. #212 | |
| CITY-ST-ZIP | PORT CHARLOTTE, FL 33952 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | SPECHT, GLORY | |
| STREET ADDRESS | 2300 AARON ST #201 | |
| CITY-ST-ZIP | PORT CHARLOTTE, FL 33952 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Howard Guralnick **Howard Guralnick**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

ATTACHMENT

40061372

#743657

REGENCY HOUSE

Page 1

Printed 2/14/2006

10:59 AM

Selected Payments Journal

| <u>Date</u> | <u>Invoice</u> | <u>Reference</u> | <u>Description</u> | <u>Type</u> | <u>Amount</u> |
|---------------------------------------------|----------------|------------------|----------------------|---------------------|-----------------|
| Allsta: ALLSTATE | | | | | |
| 2/14/2006 | 049-659288 | | Liabilty Premium | Invoice | \$403.50 |
| | | | | Total: | <u>\$403.50</u> |
| Florida: FLORIDA DEPARTMENT OF STATE | | | | | |
| 2/14/2006 | 743657 | | Filing Fee for State | Invoice | \$61.25 |
| | | | | Total: | <u>\$61.25</u> |
| | | | | Grand Total: | <u>\$464.75</u> |

ATTACHMENT 40061372

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS.

BILLING DATE 01/27/2006

#743657

| | |
|---------------------------------|----------------------------------|
| POLICY NUMBER 049 659288 | EFFECTIVE DATE 02/01/2006 |
| ANNUAL PREMIUM: | \$1,610.00 |
| PREVIOUS PAYMENT: | \$0.00 |
| CURRENT AMOUNT DUE: | \$403.50 * |
| DATE DUE: | 02/01/2006 |
| TO PAY IN FULL: | \$1,610.00 |

* INCLUDES A PARTIAL PAYMENT FEE OF \$1.00

BILL

