



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 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	
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 <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD	TITLE	
NAME	SCHWARZKOPF, THOMAS	NAME	
STREET ADDRESS	2300 AARON ST	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	TITLE	
NAME	CHINN, ELBERT A	NAME	
STREET ADDRESS	2300 AARON ST UNIT 110	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	
NAME	DEVANEY, ANN	NAME	
STREET ADDRESS	2300 AARON ST. #311	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	TITLE	
NAME	GURALNICK, HOWARD	NAME	
STREET ADDRESS	2300 AARON ST. #212	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	TITLE	
NAME	SPECHT, GLORY	NAME	
STREET ADDRESS	2300 AARON ST #201	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Howard Guralnick</u> <u>Howard Guralnick</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

ATTACHMENT

40061372

#743657

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REGENCY HOUSE

Printed 2/14/2006

10:59 AM

Selected Payments Journal

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

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

