## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#770828**

FILED Feb 25, 2005 Secretary of State

Entity Name: REGAL POINT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1400 GRANDVIEW BLVD. 101 PARK PLACE BLVD KISSIMMEE, FL 34744 SUITE 3

KISSIMMEE, FL 34741

Current Mailing Address: New Mailing Address:

1400 GRANDVIEW BLVD.
KISSIMMEE, FL 34744

101 PARK PLACE BLVD SUITE 3

KISSIMMEE, FL 34741

FEI Number: 59-2328200 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHOOLFIELD, WAYNE 1400 GRANDVIEW BLVD. KISSIMMEE, FL 34744 US

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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: VPD (X) Change () Addition

 Name:
 HAWKINS, JANE
 Name:
 SIEGEL, RON

 Address:
 1409 GRANDVIEW BLVD.
 Address:
 1406 GRANDVIEW BLVD.

 City-St-Zip:
 KISSIMMEE, FL 34744
 City-St-Zip:
 KISSIMMEE, FL 34744

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition Name: DIANNE SCHOOLFIELD, DIANNE SCHOOLFIELD, DIANNE

Address: 1400 GRANDVIEW BLVD Address: 1400 GRANDVIEW BLVD City-St-Zip: KISSIMMEE, FL 00000, City-St-Zip: KISSIMMEE, FL 34744

Title: VPD ( ) Delete Title: PD (X) Change ( ) Addition

Name: LANE, TIM Name: LANE, TIM

 Address:
 3219 S ATLANTIC AVE., #801
 Address:
 3219 S ATLANTIC AVE., #801

 City-St-Zip:
 KISSIMMEE, FL 34744
 City-St-Zip:
 KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNE SCHOOLFIELD STD 02/25/2005