

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90199 045 ****61.25

DOCUMENT # N02000006807

1. Entity Name
**REGENTS PARK OF GAINESVILLE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**5522 NW 43 STREET
SUITE B
GAINESVILLE, FL 32653**

Mailing Address
**5522 NW 43 STREET
SUITE B
GAINESVILLE, FL 32653**

40081300



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172007 Chg-NP CR2E037 (12/06)

4. FEI Number
41-2093163

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LINDSEY, GLENDA
C/O BOSSHARDT PROPERTY MGT INC.
5522 NW 43 STREET SUITE B
GAINESVILLE, FL 32653**

7. Name and Address of New Registered Agent

Name **CAROL MORALES**
Street Address (P.O. Box Number is Not Acceptable)
510 BOSSHARDT PROPERTY MANAGEMENT INC.
5522-B NW 43 ST.
City **GAINESVILLE** FL Zip Code **32653**

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

Carol Morales

CAROL MORALES

4-20-07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 **PD** ☐ Delete
NAME **WARREN, MICHAEL E**
STREET ADDRESS **7115 NW 28TH AVE**
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE **VTD** ☐ Delete
NAME **BUCHANAN, SCOTT A**
STREET ADDRESS **3744 SW 56TH RD.**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **SD** ☒ Delete
NAME **BEERY, BEAU**
STREET ADDRESS **9989 NW 21ST AVE**
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE **D** ☐ Delete
NAME **BOCCABELLA, DAN**
STREET ADDRESS **120 NE 4 STREET #24**
CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T D** ☒ Change ☐ Addition
NAME **DAN BOCCABELLA**
STREET ADDRESS **120 NE 4 ST. #24**
CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE **D** ☐ Change ☒ Addition
NAME **PHIL KABLER**
STREET ADDRESS **748 WHITE OAKS RD**
CITY-ST-ZIP **ALACHUA, FL 32615**

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 ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL WARREN

4/20/07

Date

352-375-4600

Daytime Phone #