

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004238

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

**Entity Name:** REGAL POINTE PARK NORTH BUILDING THREE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

541 NORTH PALMETTO AVENUE  
SUITE 105  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

541 NORTH PALMETTO AVENUE  
SUITE 105  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 20-4880384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SEMANS, RON  
541 NORTH PALMETTO AVENUE  
SUITE 105  
SANFORD, FL 32771 US

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

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:**

**Title:** P  
**Name:** HORIAN, ROBERT L  
**Address:** 541 N. PALMETTO AVE #105  
**City-St-Zip:** SANFORD, FL 32771

**Title:** V  
**Name:** SEMANS, RON  
**Address:** 541 NORTH PALMETTO AVENUE  
**City-St-Zip:** SANFORD, FL 32771

**Title:** S  
**Name:** HLAVIN, LAURA  
**Address:** 541 NORTH PALMETTO AVENUE  
**City-St-Zip:** SANFORD, FL 32771

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT L HORIAN

P

03/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date