

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90217 040 \*\*\*\*61.25

**DOCUMENT # N17331**

1. Entity Name  
**PARC REGENT CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**184 BRADLEY PLACE  
PALM BEACH, FL 33480**

Mailing Address  
**184 BRADLEY PLACE  
PALM BEACH, FL 33480**

**14006461**



04212005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2741950**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ST. JOHN, DAVID  
1601 FORUM PLACE  
STE 701  
W. PALM BEACH, FL 33401**

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	FISHER, LESTER
STREET ADDRESS	184 BRADLEY PL, #402
CITY-ST-ZIP	PALM BEACH, FL
TITLE	DT
NAME	PUDER, ROBERT
STREET ADDRESS	184 BRADLEY PL, #202
CITY-ST-ZIP	PALM BEACH, FL
TITLE	VD
NAME	GOTTWALD, FLOYD, JR.
STREET ADDRESS	184 BRADLEY PL, #103/104
CITY-ST-ZIP	PALM BEACH, FL
TITLE	D
NAME	HASSENFELD, RITA DEE
STREET ADDRESS	184 BRADLEY PL 203/204
CITY-ST-ZIP	PALM BEACH, FL
TITLE	DS
NAME	BELFER, ROBERT
STREET ADDRESS	184 BRADLEY PL, #502
CITY-ST-ZIP	PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

Date

Daytime Phone #

*Robert S. Puder* **ROBERT S. PUDER** 4/28/05 561-659-1565