

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2007 08:00 AM
Secretary of State

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



05022007 No Chg-NP CR2E037 (4/06)

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

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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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000763641
05/30/07-80020-012 61.25

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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

Date

Daytime Phone #

561-659-1419