

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

55 MAY -1 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17459 (1)

1. Corporation Name

REGENT PARK MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2272 AIRPORT RD. S.
STE. 309
NAPLES FL 33962**

**2272 AIRPORT RD. S.
STE. 309
NAPLES FL 33962**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1986

3a. Date of Last Report

04/19/1994

4. FEI Number

59-2756989

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

7. Nonprofit with IRS 501(c)(3)

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4600 Enterprise Ave.

26 4600 Enterprise ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite A

27 Suite A

City & State

City & State

23 Naples, FL

28 Naples, FL

Zip

Country

Zip

Country

24 33942

25 USA

29 33942

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WRIGHT, RUSSELL
2272 AIRPORT RD. SOUTH
NAPLES FL 33962**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
SMITH BILL
10734 HENRY CT.
NAPLES FL 33942**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
VOEGLEY, ARTHUR
10391 REGENT CIR.
NAPLES FL 33942**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PARADIS, JAMES
10681 REGENT CIR.
NAPLES FL 33942**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BACH, JOHN,
10135 SALLFISH LANE
NAPLES FL 33942**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LINDSAY, KATHA,
10740 HENRY CT.
NAPLES FL 33942**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SCHMIDT, MICO,
10148 REGENT CIR.
NAPLES FL 33942**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**T
Mario Gisonni
10770 Regent Circle
Naples, FL 33942**

**D
James Simon
10760 Regent Circle
Naples, FL 33942**

**D
Kevin McGowen
10580 Regent Circle
Naples, FL 33942**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption noted in Section 19.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

Russell J. Wright

**Review Property Management
Corp.**

4-7-95

Date

793-4044

Telephone Number

0017476