

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N17459** (1)

1. Corporation Name

REGENT PARK MASTER ASSOCIATION, INC.

Principal Place of Business

**4600 ENTERPRISE AVE.
STE A
NAPLES FL 33942
US**

Mailing Address

**4600 ENTERPRISE AVE
STE A
NAPLES FL 33942
US**



3. Date Incorporated or Qualified
10/22/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2756989

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

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

☒ Yes

☐ No

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

Wright, Russell

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

4600 Enterprise Ave Ste #A

83

84 City

Naples

FL

85 Zip Code

34104

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PD
SMITH, BILL
10704 HENRY CT.
NAPLES FL 33942**

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D
VOEGLEY, ARTHUR
10391 REGENT CIR.
NAPLES FL 33942**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**T
GISONNI, MARIO
10770 REGENT CIRCLE
NAPLES FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D
SIMON, JAMES
10760 REGENT CIRCLE
NAPLES FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D
LINDSAY, KATHA
10740 HENRY CT.
NAPLES FL 33942**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D
MCGOWEN, KEVIN
10580 REGENT CIRCLE
NAPLES FL**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

**Secretary
BROOKS, ERNEST
10370 Regent Circle
NAPLES, FL 33942**

☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

PRESIDENT

☒ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

Ernest Brooks 6-7-96 434-6106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)