


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 4800 ENTERPRISE AVE. STE A NAPLES FL 33942 US		Mailing Address 4600 ENTERPRISE AVE STE A NAPLES FL 34104-7014 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 10/22/1986		3a. Date of Last Report 06/25/1996	
4. FEI Number 59-2756989		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent WRIGHT, RUSSELL 4800 ENTERPRISE AVE STE A NAPLES FL 33962		10. Name and Address of New Registered Agent 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	<input checked="" type="checkbox"/> DELETE	
NAME	S BROOKS, ERNEST		
STREET ADDRESS	10370 REGENT CIRCLE		
CITY - ST - ZIP	NAPLES FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	VOEGLEY, ARTHUR		
STREET ADDRESS	10391 REGENT CIR.		
CITY - ST - ZIP	NAPLES FL 33942		
TITLE	T	<input checked="" type="checkbox"/> DELETE	
NAME	GISONNI, MARIO		
STREET ADDRESS	10770 REGENT CIRCLE		
CITY - ST - ZIP	NAPLES FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	SIMON, JAMES		
STREET ADDRESS	10760 REGENT CIRCLE		
CITY - ST - ZIP	NAPLES FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	LINDSAY, KATHA,		
STREET ADDRESS	10740 HENRY CT.		
CITY - ST - ZIP	NAPLES FL 33942		
TITLE	P	<input checked="" type="checkbox"/> DELETE	
NAME	MCGOWEN, KEVIN		
STREET ADDRESS	10580 REGENT CIRCLE		
CITY - ST - ZIP	NAPLES FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.3 STREET ADDRESS	Brooks, Ernest		
1.4 CITY - ST - ZIP	10370 Regent Circle Naples, FL		
2.1 TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	Steve Wiseman		
2.3 STREET ADDRESS	10691 Regent Circle		
2.4 CITY - ST - ZIP	Naples, FL		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	Mackey, Adam		
3.3 STREET ADDRESS	3305 Erick Ln. Dr.		
3.4 CITY - ST - ZIP	Naples, FL		
4.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.2 NAME	Gerrie Gold		
4.3 STREET ADDRESS	10906 Regent Circle		
4.4 CITY - ST - ZIP	Naples, FL		
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.2 NAME	Helen Butler		
5.3 STREET ADDRESS	10736 William Court		
5.4 CITY - ST - ZIP	Naples, FL		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	McGowen, Kevin		
6.3 STREET ADDRESS	10580 Regent Circle		
6.4 CITY - ST - ZIP	Naples, FL		
14. I do 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 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 or on an attachment with an address.			
SIGNATURE: _____ Russell Wright 3-26-97 434-6100 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0059056			

CR2E037 (9/96)