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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17459**

1. Corporation Name
REGENT PARK MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4600 ENTERPRISE AVE. STE A NAPLES FL 33942 US	4600 ENTERPRISE AVE STE A NAPLES FL 33942 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	10/22/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-2756989 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WRIGHT, RUSSELL
4600 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BROOKINS, BILL		1.2 NAME		
STREET ADDRESS	10141 SAILFISH LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34109		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WEBER, MOLLY		2.2 NAME		
STREET ADDRESS	10620 REGENT CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34109		2.4 CITY-ST-ZIP		
TITLE	VPD	☑ DELETE	3.1 TITLE	MARK Brennan VPD	☑ Change ☐ Addition
NAME	MACKEY, ADAM		3.2 NAME		
STREET ADDRESS	3305 ERICK LAKE DRIVE		3.3 STREET ADDRESS	10180 Regent Cr.	
CITY-ST-ZIP	NAPLES FL 34109		3.4 CITY-ST-ZIP	Naples, FL 34109	
TITLE	TD	☑ DELETE	4.1 TITLE	mico Schmidt D	☑ Change ☐ Addition
NAME	GOLD, GERRIE		4.2 NAME		
STREET ADDRESS	10906 REGENT CR		4.3 STREET ADDRESS	3305 Erick Lake Dr.	
CITY-ST-ZIP	NAPLES FL 34109		4.4 CITY-ST-ZIP	Naples, FL 34109	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARTLEY, JEAN		5.2 NAME		
STREET ADDRESS	10810 QUEEN ANNE LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34109		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCGOWAN, KEVIN		6.2 NAME		
STREET ADDRESS	10580 REGENT CR		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34109		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRE~~ Russell Wright 3-22-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)