


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90146 026 ****61.25

DOCUMENT # W18470	
1. Entity Name Regent Park Villas I, Association, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4600 Enterprise Ave Suite, Apt. #, etc. A City & State Naples, Florida Zip 34104 Country U.S.A		3. Mailing Address 4600 Enter Suite, Apt. #, etc. A City & State Naples, Florida Zip 34104 Country U.S.A	
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEL Number 59-2756988		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent Name Wright, Russell Street Address (P.O. Box Number is Not Acceptable) 4600 Enterprise Ave, Ste A City Naples FL Zip Code 34104		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Adams, John 10792 Regent Circle Naples, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Nathanson, Carol 3303 Erick Lake Drive #702 Naples, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gladu, Don 10854 Regent Circle #101 Naples, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Cravens, Delma 10798 Regent Circle Naples, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Grissoni, Noreen 10710 Regent Circle Naples, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 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 on an attachment with an address, with all other the empowered.

SIGNATURE: **John Adams** **4/26/05** **239-434-6100**

CR2E037B (12/02)