

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90056 021 ****61.25

DOCUMENT # N18488

1. Entity Name
REGENT PARK SINGLE FAMILY HOMES ASSOCIATION, INC.



Principal Place of Business
**4600 ENTERPRISE AVE
SUITE A
NAPLES, FL 34104 US**

Mailing Address
**4600 ENTERPRISE AVE
SUITE A
NAPLES, FL 34104 US**



2. Principal Place of Business - No P.O. Box #
3050 Horseshoe Dr N

3. Mailing Address
3050 Horseshoe Dr N

Suite, Apt. #, etc.
275

Suite, Apt. #, etc.
275

City & State
Naples, FL

City & State
Naples, FL

Zip
34104

Country
Collier

Zip
34104

Country
Collier

01252007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2756989

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, RUSSELL
4600 ENTERPRISE AVE, STE A
NAPLES, FL 34104**

7. Name and Address of New Registered Agent

Name **Kramer Triad Mgt**

Street Address (P.O. Box Number is Not Acceptable)
3050 Horse Shoe Dr N #275

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 *Michael Grosso*

2-1-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WEBER, MOLLY
10620 REGENT CIRCLE
NAPLES, FL 34109** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MCGOWAN, KEVIN
10580 REGENT CIR
NAPLES, FL 34109** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
GOLLY, RON
10610 REGENT CR
NAPLES, FL 34109** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHAOC, BILL
10261 REGENT CIRCLE
NAPLES, FL 34109** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
FULKER, GLEN
3342 ARLETTE DR.
NAPLES, FL 34109** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Dan Guernsey
10640 Regent Cir
Naples, FL 34109** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Grosso Agent*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07

Date

239-263-1577

Daytime Phone #