

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90001 027 ****61.25

DOCUMENT # N26058 1. Entity Name REGENT'S SQUARE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PRIME MANAGMENT GROUP 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487 US			Mailing Address PRIME MANAGMENT GROUP 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02132008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0082965	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KAREN A. GAGLIANO, ESQ 955 NW 17TH AVE STE N DELRAY BEACH, FL 33445			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUTMAN, JEFFREY 3837 NW 56TH RD BOCA RATON, FL 33496	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DROWDS, JEFFEREY 3835 NW 58 ST BOCA RATON, FL 33496	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, LINDA 5653 NW 38 TH AVE BOCA RATON, FL 33496	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Mindy Butler 3851 NW 38th Terrace BOCA RATON, FL 33496	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <u>Linda S. Miller</u>		3/10/08		561-988-2225	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	