2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26058

FILED Apr 06, 2009 Secretary of State

Entity Name: REGENT'S SQUARE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: PRIME MANAGMENT GROUP 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487 **New Mailing Address: Current Mailing Address:** PRIME MANAGMENT GROUP 6300 PK OF COMMERCE BLVD BOCA RATON, FL 33487 FEI Number: 65-0082965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KAREN A. GAGLIANO, ESQ KATZMAN, GARFINKEL, ROSENBAUM 955 NW 17TH AVE 1501 NW 49TH ST, 2ND FLOOR FT. LAUDERDALE, FL 33309 STE N DELRAY BEACH, FL 33445 US 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. SIGNATURE: KENNETH E. ZEILBERGER, ESQ. 04/06/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RUTMAN, JEFFREY Name: Name: 3837 NW 56TH RD Address: Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: () Delete Title: () Change () Addition BUTLER, MINDY Name: Name: Address: 3851 NW 38TH TERRACE Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: PD() Delete Title: PD (X) Change () Addition MILLER, LINDA MILLER, LINDA Name: Name: 5653 NW 38 TH AVE 5653 NW 38 TH TERRACE Address: Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: BOCA RATON, FL 33496 Title: Title: () Change (X) Addition () Delete FINE, HARVEY Name: Name: 5629 NW 38 TH AVE Address: Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33496 Title: () Delete Title: () Change (X) Addition DUBOW, LESTER Name: Name: 3809 NW 56 TH ROAD Address: Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA MILLER Ρ 04/06/2009