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Feb 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N30857 (9)

1. Corporation Name

REGENT'S PLACE AT BEAR LAKES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business  
2045 REGENTS BLVD.  
WEST PALM BEACH FL 33409

Mailing Address  
2045 REGENTS BLVD.  
WEST PALM BEACH FL 33409-7301

3. Date Incorporated or Qualified  
02/24/1989

3a. Date of Last Report  
08/30/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
57-0874521

Applied For  
Not Applicable

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, WILLIAM C III  
2045 REGENTS BLVD.  
WEST PALM BEACH FL 33409

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME DAVIS, WILLIAM C III  
STREET ADDRESS 2045 REGENTS BLVD.  
CITY-ST-ZIP WEST PALM BEACH FL 33409

1.1 TITLE D, VP  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME DRESBACH, GOTTFRIED  
STREET ADDRESS 2163 REGENTS BLVD.  
CITY-ST-ZIP WEST PALM BEACH FL 33409

2.1 TITLE D, P  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME ~~DEVOGASLAVE, MICHAEL~~  
STREET ADDRESS ~~2123 REGENTS BLVD.~~  
CITY-ST-ZIP ~~WEST PALM BEACH FL 33409~~

3.1 TITLE  Change  Addition  
3.2 NAME de yougo slavie, Michel  
3.3 STREET ADDRESS 207 Pen dixon  
3.4 CITY-ST-ZIP Palm Beach, FL 33480

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE D, S  Change  Addition  
4.2 NAME Thorpe, Stephan  
4.3 STREET ADDRESS 2187 Regents Blvd  
4.4 CITY-ST-ZIP W. Palm Beach, FL 33409

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE D, T  Change  Addition  
5.2 NAME Rummery, Johannes  
5.3 STREET ADDRESS 2183 Regents Blvd.  
5.4 CITY-ST-ZIP W. Palm Beach, FL 33409

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97

Date Daytime Phone # 0040727

CR2E037 (9/96)