

FILE NOW: FILING FEE IS \$61.25

FILED

**May 21 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 02/24/1989	
4. FEI Number 57-0874521	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
DAVIS, WILLIAM C III
2045 REGENTS BLVD.
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, WILLIAM C III	1.2 NAME	
STREET ADDRESS	2045 REGENTS BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESBACH, GOTTFRIED	2.2 NAME	
STREET ADDRESS	2183 REGENTS BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEYOUOSLAVIC, MICHEL	3.2 NAME	Susan Lundborg
STREET ADDRESS	207 PENDELTON	3.3 STREET ADDRESS	2188 Regents Boulevard
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	D.S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORPE, STEPHAN	4.2 NAME	
STREET ADDRESS	2187 REGENTS, BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUMMENY, JOHANNES	5.2 NAME	Lynn Denney
STREET ADDRESS	2183 REGENTS, BLVD	5.3 STREET ADDRESS	2127 Regents Boulevard
CITY-ST-ZIP	W PALM BEACH FL	5.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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]* **DAVIS III** **VP** **5/1/98**

CR2E037 (10/97)