

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30857

1. Entity Name
REGENT'S PLACE AT BEAR LAKES HOMEOWNER'S ASSOCIA

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90027 019 ****61.25

Principal Place of Business Mailing Address
2045 REGENTS BLVD. **2045 REGENTS BLVD.**
WEST PALM BEACH FL 33409 **WEST PALM BEACH FL 33409-7301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **1920 Palm Beach Lakes Blvd.**
 City & State **Suite 211**
 Zip **33409** City & State **West Palm Beach, FL**
 Country **Palm Beach**

4. FEI Number Applied For
65-0435519 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

*NOTE
 Number
 was incorrect*

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	DST <input type="checkbox"/> Delete
NAME	DAVIS, WILLIAM C III
STREET ADDRESS	2045 REGENTS BLVD.
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	DP <input type="checkbox"/> Delete
NAME	DRESBACH, GOTTFRIED
STREET ADDRESS	2163 REGENTS BLVD.
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	LANDBERG, SUSAN
STREET ADDRESS	2139 REGENTE BLVD
CITY-ST-ZIP	W PALM BEACH FL 33409
TITLE	DS <input type="checkbox"/> Delete
NAME	THORPE, STEPHAN
STREET ADDRESS	2187 REGENTS, BLVD
CITY-ST-ZIP	W PALM BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	DENNEY, LYNN
STREET ADDRESS	2127 REGENTS BLVD
CITY-ST-ZIP	W PALM BEACH FL 33409
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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, and all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **225.00** **683 8750**
 SIGNATURE MUST BE WRITTEN IN INK NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)