



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State

08-03-2004 90008 020 ****61.25

DOCUMENT # N30857					
1. Entity 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 1920 PALM BEACH LAKES BLVD SUITE 211 WEST PALM BEACH, FL 33409		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0435519	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVIS, WILLIAM C III 2045 REGENTS BLVD. WEST PALM BEACH, FL 33409				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, WILLIAM C III		NAME		
STREET ADDRESS	2045 REGENTS BLVD.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAKOWAN FRANK J		NAME	MCKEOWN, FRANK J.	
STREET ADDRESS	2193 REGENTS CIRCLE		STREET ADDRESS	2193 Regents Circle	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP	West Palm Beach, Fl. 33409.	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CURLES, EDWARD		NAME	CURLEE, EDWARD.	
STREET ADDRESS	2055 REGENT BLVD		STREET ADDRESS	2055 Regent Blvd.	
CITY-ST-ZIP	W PALM BEACH, FL 33409		CITY-ST-ZIP	West Palm	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUNTER, LAUREEN		NAME	HILL, LUTION	
STREET ADDRESS	216 S REGEVATS RD		STREET ADDRESS	2180 Regents Blvd	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE		<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	Hunter, Laureen	
STREET ADDRESS			STREET ADDRESS	2165 Regents Blvd	
CITY-ST-ZIP			CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.					
SIGNATURE: 			7/29/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

