

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 27, 2009
Secretary of State**

DOCUMENT# N30857

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

Current Principal Place of Business:

2193 REGENTS CIRCLE
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 31523
WEST PALM BEACH, FL 33420

New Mailing Address:

FEI Number: 65-0435519 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCKEOWN, FRANK J
2193 REGENTS CIRCLE
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BURNETTE, ALAN
Address: 2135 REGENTS BLVD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: PD () Delete
Name: MCKEOWN, FRANK J
Address: 2193 REGENTS CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VD () Delete
Name: CURLEE, EDWARD
Address: 2055 REGENT BLVD
City-St-Zip: W PALM BEACH, FL 33409

Title: SD () Delete
Name: YOUCHAK, TOM
Address: 2169 REGENTS BLVD
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANK MCKEOWN

PD

01/27/2009

Electronic Signature of Signing Officer or Director

Date