

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2003 8:00 am
Secretary of State

02-24-2003 90160 002 ***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**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

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

(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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D**
NAME **James Jones** **D** Change Addition
STREET ADDRESS **2191 Regents Blvd**
CITY-ST-ZIP **West Palm Beach, FL 33409**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE **D**
NAME **DENNEY, LYNN** Delete
STREET ADDRESS **2127 REGENTS BLVD**
CITY-ST-ZIP **W PALM BEACH FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 officers empowered.

SIGNATURE:

SIG: [Signature] GOTTFRIED Dresbach

Date

Daytime Phone #

CR2E037 (10/02)