

FILED

03 OCT 27 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**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  
Suite, Apt. #, etc.

3. Mailing Address  
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  
**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

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when assisting)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

FILE NOW. FEE IS \$61.25 Initial or Amended UBR

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTD DAVIS, WILLIAM C III 2045 REGENTS BLVD. WEST PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/D DAVIS, WILLIAM C III 2045 REGENTS BLVD. WEST PALM BEACH FL 33409 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPD DRESBACH, GOTTFRIED 2163 REGENTS BLVD. WEST PALM BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/PRESIDENT/D MCKEOWN, FRANK 2193 REGENTS CIRCLE WPC FL 33409 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JAMES 2191 REGENTS BLVD. W PALM BEACH, FL 33409 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/D CURLER, EDWARD 2055 REGENTS BLVD. WPC FL 33409 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas/D HUNTER, LAUREN 2165 REGENTS BLVD WPC FL 33409 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 amendment with an address, with all other like empowered.

SIGNATURE: FRANK J. MCKEOWN (561) 832-5650  
DATE: 10/27/03  
DAYTIME PHONE: 9125/03

Ch 0479  
10-15-03



CHECK HERE IF MAKING CHANGES

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