


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2006 8:00 am
Secretary of State

06-15-2006 90001 024 ****61.25

DOCUMENT # N93000000128					
1. Entity Name REGENCY COVE ASSOCIATION, INC.					
Principal Place of Business % CASTLE MANAGEMENT INC 5850 W. ATLANTIC AVE., STE 106 DELRAY BEACH, FL 33400			Mailing Address % CASTLE MANAGEMENT INC 5850 W. ATLANTIC AVE., STE 106 DELRAY BEACH, FL 33400		
2. Principal Place of Business C/O CASTLE GROUP		3. Mailing Address C/O CASTLE GROUP			
Suite, Apt. #, etc. 15200 JOG ROAD, SUITE 205		Suite, Apt. #, etc. 15200 JOG ROAD, SUITE 205			
City & State DELRAY BEACH, FL		City & State DELRAY BEACH, FL			
Zip 33446		Country		Zip 33446	
Country		4. FEI Number 65-0388460			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHNER, LARRY E P.A. 750 S. DIXIE HIGHWAY BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY - ST - ZIP	PD KAYE, MARTIN <input type="checkbox"/> Delete 12562 CORAL LAKES DRIVE BOYNTON BEACH, FL 33437		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BLACKSIN, PAUL <input type="checkbox"/> Delete 12856 CORAL LAKES DRIVE BOYNTON BEACH, FL 33437		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LEVIN, DICK <input type="checkbox"/> Delete 6372 TIARA DRIVE BOYNTON BEACH, FL 33437		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WERBLE, PHILLIP <input type="checkbox"/> Delete 12643 CORAL LAKES DRIVE BOYNTON BEACH, FL 33437		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEISEL, STEVE <input checked="" type="checkbox"/> Delete 6391 PEBBLE CREEK WAY BOYNTON BEACH, FL 33437		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition .MOSS, HAROLD 12851 CORAL LAKES DRIVE BOYNTON BEACH, FL 33437	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALPERT, HARVEY <input checked="" type="checkbox"/> Delete 12928 CORAL LAKES DRIVE BOYNTON BEACH, FL 33437		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SINGER, EUGENE 12792 CORAL LAKES DRIVE BOYNTON BEACH, FL 33437	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Martin Kaye Pres</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
DATE: <i>4/7/06</i>			DAYTIME PHONE #: <i>(561) 638-1181</i>		