

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90027 020 \*\*\*\*61.25

**DOCUMENT # N93000000128**

1. Entity Name  
**REGENCY COVE ASSOCIATION, INC.**



Principal Place of Business  
**C/O CASTLE GROUP  
15200 JOG ROAD, SUITE 205  
DELRAY BEACH, FL 33446**

Mailing Address  
**C/O CASTLE GROUP  
15200 JOG ROAD, SUITE 205  
DELRAY BEACH, FL 33446**

40110881



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02222007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0388460**

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

**SCHNER, LARRY E P.A.  
750 S. DIXIE HIGHWAY  
BOCA RATON, FL 33432**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 PD ☐ Delete  
NAME KAYE, MARTIN  
STREET ADDRESS 12562 CORAL LAKES DRIVE  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE 1ST VP ☒ Change ☒ Addition  
NAME IRWIN GASMAN  
STREET ADDRESS 6430 PEBBLE CREEK WAY  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE VD ☒ Delete  
NAME BLACKSIN, PAUL  
STREET ADDRESS 12856 CORAL LAKES DRIVE  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE SEC. ☒ Change ☒ Addition  
NAME MORTON GOSS  
STREET ADDRESS 12478 CORAL LAKES DR  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE VD - 2ND VP ☐ Delete  
NAME LEVIN, DICK  
STREET ADDRESS 6372 TIARA DRIVE  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME WERBLE, PHILLIP  
STREET ADDRESS 12643 CORAL LAKES DRIVE  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ATD 4th-VP ☐ Delete  
NAME MOSS, HAROLD  
STREET ADDRESS 12851 CORAL LAKES DRIVE  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME SINGER, EUGENE  
STREET ADDRESS 12792 CORAL LAKES DRIVE  
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #