

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000128

FILED
Jan 16, 2012
Secretary of State

Entity Name: REGENCY COVE ASSOCIATION, INC.

Current Principal Place of Business:

CAMPBELL @ CORAL LAKES
12751 EL CLAIR RANCH RD
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

CAMPBELL @ CORAL LAKES
12751 EL CLAIR RANCH RD
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 65-0388460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRONICH, JULES PRES
6415 PEBBLE CREEK WAY
BOYNTON BEACH, FL 33437 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: PD
Name: GRONICH, JULES
Address: 6415 PEBBLE CREEK WAY
City-St-Zip: BOYNTON BEACH, FL 33437

Title: 1VP
Name: GASMAN, IRWIN
Address: 6430 PEBBLE CREEK WAY
City-St-Zip: BOYNTON BEACH, FL 33437

Title: 3VP
Name: BLASKSIN, PAUL
Address: 12856 CORAL LAKES DR.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD
Name: KAYE, MARTIN
Address: 12562 CORAL LAKES DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: 2VP
Name: RIEFBERG, EDWARD
Address: 12903 CORAL LAKES DR.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: S
Name: GOSS, MORTON
Address: 12478 CORAL LAKES DR
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby 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 all other like empowered.

SIGNATURE: JULES GRONICH

PRES

01/16/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date