


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000002137 1. Entity Name REGENCY MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9195 SW 72ND ST MIAMI, FL 33173		Mailing Address P.O. BOX 330044 COCONUT GROVE, FL 33233			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-0199843	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
\$8.75 Additional Fee Required		02032005 Chg-NP CR2E037 (10/03)			
6. Name and Address of Current Registered Agent SACHER, CHARLES P 2855 LEJEUNE RD SUITE 1101 CORAL GABLES, FL 33134			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	DVP MUJINA, BARBARA 9195 SW 72ND ST. #210 MIAMI, FL 33173	<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	ST LOMAN, JEFFREY 9195 S.W. 72ND ST. #210 MIAMI, FL 33173	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1100000327654 04/25/05-80046-017 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARVAJAL, PEDRO 9195 S.W. 72ND ST. #100 MIAMI, FL 33173	<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	D LLANEZA, PEDRO 9195 SW 72ND ST #120 MIAMI, FL 33173	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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)(l), 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 #			